



Short Term Rental Claim Form

When to use this claim form

This claim form should only be used if you have suffered a loss to a property that is utilised for short term lettings such as Holiday Letting or Corporate Leasing, and you are currently insured with *RentCoverShortTerm*.

Our Commitment to You

We are totally committed to providing a fair and prompt claim settlement service to you. As soon as we have the completed information before us, we will issue a Claims Advice to you within a matter of days and then arrange for the dispatch of the Insurer's claim cheque **within 5 working days in most cases**.

Thank you for taking the time to complete this form in detail. Please mail the original claim form and attachments to:

EBM
Claims Department
8 Redfern Road
HAWTHORN EAST VIC 3123

If you have any queries please contact our national claims centre on 1800 661 662 or claims@rentcover.com.au

Privacy

We are committed to protecting your privacy. We use the information you provide to assist with your insurance needs. We only provide your information to insurance companies, underwriting agencies, wholesale brokers, premium funders and other companies with whom you choose to deal (and their representatives). We do not trade, rent or sell your information.

If you don't provide us with full information, you can breach your duty of disclosure.

For more information about how to access the personal information we hold about you, how to have the information corrected or lodge a complaint, ask us for a copy of EBM's Privacy Policy, or visit our website (www.rentcover.com.au).

IMPORTANT

All sections must be completed to avoid delay.

Section 1 - Policy and Contact Details

Policy Details

Insured Property Address: _____

Landlord's Name: _____

Is the property owned by business or company? Yes No **If No, go to Contact Details**

Business/Company Name: _____ ABN: _____

Is the landlord registered for GST? Yes No

Entitled/intend to claim an input tax credit on the GST component of the premium applicable to Policy:

Will you be claiming an amount less than 100% Yes No If yes specify amount claimed _____%

Entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged:

Will you be claiming an amount less than 100% Yes No If yes specify amount claimed _____%

Contact Details

Person submitting claim: Agent Landlord

Name of person submitting claim: _____

E-mail address: _____

Telephone: _____ Facsimile: _____

Managing Agent Name (if applicable): _____

Please advise the payee name to be shown on the cheque payment: _____

Please advise the address where all claims correspondence and the claim payment cheque should be sent: _____

Note: If the address noted on the claim form for claims correspondence and claim payment is different to the mailing address for your renewal invoices, we will not automatically update this address. If you would like to change your mailing address for any future renewals you will need to provide instructions for us to do this.

What MUST be attached - Please Tick to Confirm Attachment

- Prior Condition of the property
- Inventory Report
- Two Original Quotes for loss or damage if exceeding \$1,500 (these must include a full break-up of costs)
- Original Tax Invoices for damage repairs (if work already carried out i.e. emergency repairs)
- Photos of Damage
- Proof of Ownership with contents claims (i.e. manuals, receipts, valuations, photos etc)
- Causation Report

Rent loss claims should ALSO include

- Copy of Short Term Agreement
- Proof of Rent (i.e. copy of booking, rental receipt)

If any items are missing provide the reason and state when you believe they will be available:

SECTION 2 - Damages and/or Theft

Date of Event: _____ at _____ am/ pm

Please indicate if you are claiming damage to your: Building Contents Both

Please indicate which Insured Event has caused the loss/damage:

- Fire or explosion
- Storm, Rainwater or Flood
- Cyclone
- Lightning or Thunderbolt
- Impact
- Fusion of an Electric Motor
- Earthquake
- Malicious acts by intruder
- Theft
- Accidental damage by tenant
- Malicious/Deliberate acts by tenant
- Riot or civil commotion
- Breakage of glass
- Power Surge to domestic appliances
- Bursting, Leaking, Discharging or overflowing of fixed apparatus
- Other

Note: Please refer to your Product Disclosure Statement for full terms/conditions and exclusions relating to your cover.

If 'Other' please list: _____

If claiming 'Impact by Vehicle' please provide name and address of person(s) responsible: _____

Statement of what happened (if insufficient space, please attach details): _____

If claiming 'Malicious Damage' or 'Theft', describe method of entry _____

Date Damage Reported to Police: _____ Police Report Number: _____

IMPORTANT NOTE REGARDING DAMAGE

We **DO NOT** authorise repairs. It is up to the insured to take all necessary steps to minimise a claim.

Repair Costs (please detail) _____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

SECTION 3 - Rent Loss

Tenancy Details

Names of Tenant/s: _____
Weekly Rent: \$ _____ Period of Stay: _____ To: _____

Rent Loss Details

Date Tenant Vacated Property: _____
Claimed Rent Loss: \$ _____ Period Claimed: _____ To: _____

BEFORE SIGNING BELOW

**Have you completed ALL SECTIONS of the claim form?
We are unable to process claims where the claim form is incomplete**

Declaration

I/we do hereby declare that to the best of my/our knowledge the foregoing answers are true and correct and I/we have in no manner caused the said loss or by any fraud or wilful misrepresentation sought unjustly to benefit by the said event and that the information detailed in the claim form above is a true and faithful account of the actual loss sustained excluding any profit or advantage.

No information likely to affect this claim has been withheld.

And I/we hereby undertake and agree to notify EBM immediately if any of the property mentioned in this claim is subsequently recovered, and at the option of EBM to return the property or to refund the amount of money received by way of compensation in respect thereof.

I am aware that any collection of personal information is used in accordance with EBM's Privacy Policy.

SIGNATURE: _____ Date: _____

SIGNED BY (print clearly): _____

Claims Dispute Resolution Process

- Step 1** Should you disagree with the claim settlement, you may refer your dispute to Lush Edirisinghe (RentCover National Claims Manager).
Please contact Lush Edirisinghe either by fax on 1300 794 773 or email at lushe@ebm.com.au
- Step 2** Should you disagree with our initial review, you may refer your dispute to the QBE Internal Disputes Resolution (IDR) team. You can do this by contacting QBE Customer Relations either by telephone on 1300 650 503 or email at complaints@qbe.com.
- Step 3** Should you disagree with the QBE IDR decision, you may refer your dispute to the Australian Financial Complaints Authority (AFCA). You can do this by contacting AFCA:

Online: www.afca.org.au **Email:** info@afca.org.au **Phone:** 1800 931 678
Mail: Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001

In dealing with or settling this claim we will be acting under an authority given to us by the Insurers QBE Insurance (Australia) Limited and therefore we will be dealing with or settling this matter as Agents of QBE and not as your agent.