

# Quipr Equipment Insurance

## Claim Form

### Important Information

- Do not authorise or proceed with repair or replacement of the equipment until your claim has been assessed.
- Please ensure you have authority to make this claim on behalf of all Insured Parties.
- Please complete the Policy Details Section, Insured Equipment Details Section, and the section which relates to your claim (Theft or Accidental Damage).
- Please ensure that this form is signed and that all questions are answered fully.
- To avoid delay in processing your claim, please ensure that all necessary documentation specified in the section relevant to your claim is sent with this form.
- Claims are subject to a Deductible as noted on your Certificate of Insurance.
- Please email this form and copies of all requested documentation to: [quipr.claims@intuitiveins.com.au](mailto:quipr.claims@intuitiveins.com.au); or
- Please mail this form and copies of all requested documentation to:

Quipr Claims, Intuitive Insurance Solutions  
PO Box Q1177  
Queen Victoria Building, NSW 1230

It is important you provide honest, complete, up-to-date and relevant information when completing this form.

### POLICY DETAILS SECTION (owner to complete)

The following items must be included with this claim form\*

1. Proof of purchase;
2. Condition report; and
3. Quote for repair or replacement

\*Failure to provide these items may result in delays in processing your claim.

POLICY NUMBER:

YOUR NAME:

PHONE NO:

EMAIL ADDRESS:

ABN:

GST REGISTERED?

Yes

No

### INSURED EQUIPMENT DETAILS

YEAR:

MAKE & MODEL:

SERIAL NO:

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## THEFT CLAIM (renter to complete)

The following item must be included with this claim form\*

1. Police report number.

\*Failure to provide these items may result in delays in processing your claim.

YOUR NAME:

PHONE NO:

EMAIL ADDRESS:

ADDRESS:

TIME & DATE OF THEFT:

LOCATION OF THEFT:

DESCRIBE HOW THE THEFT OCCURRED:

WHERE DID THE THEFT TAKE PLACE?

Home

Work

Vehicle

Other (provide details)

WERE THE PREMISES LOCKED?

Yes  No

If yes, how was access gained?

POLICE STATION NOTIFIED:

TIME & DATE:

OFFICER'S NAME:

EVENT / REPORT NO:

## ACCIDENTAL DAMAGE CLAIM (renter to complete)

The following items must be included with this claim form\* if the claim includes a Remotely Piloted Aircraft:

1. A copy of your CASA RPA Operator's Certificate (ReOC) and remote pilot licence (RePL) to operate the RPA; or
2. Where flying under the excluded category (Sub 2 kg), confirmation CASA was notified and evidence of accreditation

\*Failure to provide these items may result in delays in processing your claim.

YOUR NAME:

PHONE NO:

EMAIL ADDRESS:

ADDRESS:

TIME & DATE OF DAMAGE:

LOCATION OF DAMAGE:

DESCRIBE HOW THE DAMAGE OCCURRED:

WHAT DAMAGE WAS SUSTAINED:

WERE THERE ANY WITNESSES?

Yes  No

If yes, please provide their name & contact details

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## DECLARATION:

I/We declare that to the best of my knowledge and belief, the information provided on this claim form and in any attached documentation is true and correct and that I/We have not withheld any relevant information.

I/We acknowledge that I/We have read and understood the Privacy Act information at [www.intuitiveinsurance.com.au/Privacy](http://www.intuitiveinsurance.com.au/Privacy) and consent to the collection, storage, use and disclosure of my/our personal and sensitive information so that Intuitive, as agent for certain Underwriters at Lloyd's will be able to process my/our claim.

I/We understand and agree that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the Insurer any sum which may have been paid to me/us in the respect to such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the Insurer for disposal as may be agreed.

## OWNERS DECLARATION:

SIGNATURE:

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NAME:

DATE:

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## RENTERS DECLARATION:

SIGNATURE:

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NAME:

DATE:

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## ADDITIONAL INFORMATION:

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