

Motor vehicle claim (non theft)



QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545

Please email completed form to giclaims@qbe.com

The issue of this form does not constitute an admission of liability on the part of the insurer

Policy No.

Claim No.

Please complete all sections.

The insured

| | | | | |
|--------------------------------|---------|---------------|--|----------|
| Owners name (Block letters) | Surname | Given name(s) | | |
| Postal address | | State | | Postcode |

Are you registered for GST? Yes No What is your ABN?

Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?

Yes No - Will you be claiming an amount less than 100%?
Yes No - Specify amount claimed %

Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?

Yes No - Will you be claiming an amount less than 100%?
Yes No - Specify amount claimed %

| | | | | |
|-----------------|-----------|-----|---------|-----|
| Contact details | Business | () | Private | () |
| | Facsimile | () | Mobile | |
| | Email | | | |

Vehicle details

| | | | | | |
|------------------|--|--------|-------|-------------------|----------|
| Make of vehicle | | Year | | Registered number | |
| Model | | Colour | | Odometer reading | |
| Registered owner | | | | | |
| Address | | | State | | Postcode |

Do you owe money on your vehicle Yes No - Give details

| | | | |
|----------------|--|----------------|----------|
| Name of lender | | Account number | |
| Address | | State | Postcode |

Driver details

| | | | | | |
|------------------------------|-----------|--------------------------|---------|----------------------------|--|
| Full name (Block letters) | Surname | Given name(s) | | | |
| Address | | State | | Postcode | |
| Contact details | Business | () | Private | () | |
| | Facsimile | () | Mobile | | |
| | Email | | | | |
| Relationship to insured | | | | | |
| Licence number | | Expiry date (dd/mm/yyyy) | | Date of birth (dd/mm/yyyy) | |

How long has the driver been licensed for this type of vehicle?

 years

Driver details

Did the driver drink any alcohol or take any drugs in the 24 hours prior to the accident? Yes No - Give details

| |
|--|
| |
|--|

Did the driver undergo a breath test, breath analysis or blood test? Yes No - Give details

What was the reading? (Please attach copy of the certificate.)

Incident details

| | | | | | | | |
|-------------------|----------------------|-----|----------------------|------|----------------------|----|----|
| Date (dd/mm/yyyy) | <input type="text"/> | Day | <input type="text"/> | Time | <input type="text"/> | am | pm |
|-------------------|----------------------|-----|----------------------|------|----------------------|----|----|

Where did the incident happen?

| | | | | | |
|--------|----------------------|--------|----------------------|----------------------|----------------------|
| Street | <input type="text"/> | Suburb | <input type="text"/> | Nearest cross street | <input type="text"/> |
|--------|----------------------|--------|----------------------|----------------------|----------------------|

Road surface Dry Wet Loose

At the time of the accident the insured vehicle was: Parked Stationary Moving Speed

Traffic control None Stop sign Traffic lights Roundabout Give way sign Other

Number of other vehicles included

If applicable, what type of goods were being transported at time of loss?

What happened?

| |
|--|
| |
|--|

| | | |
|-------------------|----------------------|----------------------|
| Who was at fault? | Surname | Given name(s) |
| | <input type="text"/> | <input type="text"/> |

SKETCH DIAGRAM OF ACCIDENT

| | |
|--|--|
| <ol style="list-style-type: none">1. Name streets2. indicate direction of travel3. Your vehicle4. Other vehicle | |
|--|--|

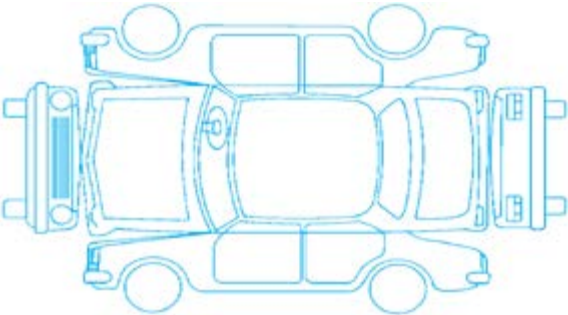
Damage to your vehicle

Are you claiming for the damage to your vehicle? Yes No

Was the vehicle towed? Yes No - Give details

| | | | |
|-----------------------|----------------------|----------------------|-----|
| Name of tow company | <input type="text"/> | | |
| Where was it towed? | Distance towed | <input type="text"/> | Kms |
| Where is vehicle now? | <input type="text"/> | | |

SKETCH DIAGRAM

| | |
|---|--|
| <p>Shade in damage to vehicle</p> <p>Indicate point of Impact (X)</p> |  |
|---|--|

Owner of other vehicle

| | | | | | | |
|-------------------|----------|-----|---------------|------------|-------|----------|
| Name | Surname | | Given name(s) | | | |
| | | | | | | |
| Address | | | | | State | Postcode |
| | | | | | | |
| Contact numbers | Business | () | Private | () | | |
| Insurance company | | | | Policy no. | | |

Driver of other vehicle

| | | | | | | |
|----------------------------|----------|-----|-------------------------|-----|-------|----------|
| Name | Surname | | Given name(s) | | | |
| | | | | | | |
| Address | | | | | State | Postcode |
| | | | | | | |
| Contact numbers | Business | () | Private | () | | |
| Date of birth (dd/mm/yyyy) | | | Driver's licence number | | | |

Was the owner in the vehicle at the time of the accident? Yes No

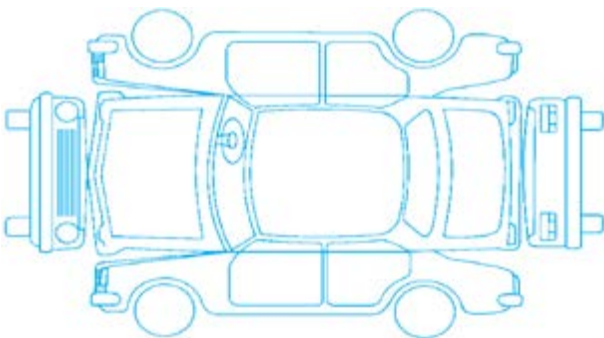
IF THERE IS MORE THAN 1 OTHER VEHICLE INVOLVED PLEASE ATTACHED DETAILS.

Damage to other vehicle

| | | | | | |
|---------------------|--|---------------------|--|-----------------|--|
| Registration number | | Year of manufacture | | Make of vehicle | |
| Model | | | | Colour | |

Other vehicle

SKETCH DIAGRAM

| | |
|--|--|
| Shade in damage to vehicle Indicate point of Impact (X) |  |
|--|--|

Other parties

Give details of pedestrians, owners of property or owners of animals involved.

| | | | | | | |
|---------|---------|--|---------------|--|-------|----------|
| Name | Surname | | Given name(s) | | | |
| | | | | | | |
| Address | | | | | State | Postcode |
| | | | | | | |

Police

Did a police office attend the accident scene, Yes No or did you report the incident to the police? Yes No - Give details

| | | | | |
|---|---|--|------|--|
| Name | | | Rank | |
| Station | | | | |
| Date of report (dd/mm/yyyy) | (Please attach a copy of the police report) | | | |
| Name of person to be charged or cautioned | | | | |
| Nature of charge or caution | | | | |

Witness(es) details

| | | | | | | | | |
|---------|---------|--|---------------|--|-------|--|----------|--|
| Name | Surname | | Given name(s) | | | | | |
| | | | | | | | | |
| Address | | | | | State | | Postcode | |
| | | | | | | | | |

Was the witness in the insured vehicle? Yes No

| | | | | | | | | |
|---------|---------|--|---------------|--|-------|--|----------|--|
| Name | Surname | | Given name(s) | | | | | |
| | | | | | | | | |
| Address | | | | | State | | Postcode | |
| | | | | | | | | |

Was the witness in the insured vehicle? Yes No

Owner(s) and driver history

In the last 5 years have you as owner or the driver of this vehicle:

- | | | |
|---|-----|----|
| 1. Had an insurance refused, declined or cancelled by an insurer or any special conditions imposed? | Yes | No |
| 2. Been convicted or charged with: | Yes | No |
| (a) Drug use, driving under the influence, or exceeding prescribed concentration of alcohol? | Yes | No |
| (b) Any driving offences or speeding infringements? | Yes | No |
| (c) Fraud, arson, theft or any other criminal act? | Yes | No |
| 3. Had a drivers or motorcycle licence cancelled, suspended or endorsed? | Yes | No |
| 4. Had a claim or accident? | Yes | No |
| 5. Had a car stolen or burnt out? (include any not reported or not claimed from an insurer) | Yes | No |

If you answered 'Yes' to any of the above questions please provide relevant details below

| Name of driver | Date of incident | Details of each incident | Your insurer | Person at fault |
|------------------------|------------------|------------------------------------|---------------|-----------------|
| <i>e.g. John Smith</i> | <i>Feb 04</i> | <i>Speeding 80km in 60km zone</i> | <i>—</i> | <i>Self</i> |
| <i>Bill Jones</i> | <i>Apr 05</i> | <i>Hit third party in the rear</i> | <i>XYZ Co</i> | <i>Bill</i> |
| | | | | |
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If there is insufficient space, please attached a sheet with the relevant information

Payment details

Would you like the funds deposited to your Australian bank account by electronic transfer? Yes No

| | | | |
|--------------|--|----------------|--|
| Bank name | | BSB | |
| Account name | | Account number | |

Privacy

Our Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. When we say personal information we may also mean sensitive information such as health information, criminal history or professional memberships that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things. We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy at www.qbe.com.au/privacy, or to obtain a copy by phoning us on **133 723** or requesting it from our authorised representatives or service providers.

We may share your information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of Australia.

By giving us personal information you consent to us collecting, disclosing, storing and using personal information in accordance with our Privacy Policy. If you give us someone else's personal information you confirm that you've obtained their consent to do so.

If you don't provide all of the personal information we've requested, we may be unable to issue, administer and manage products and provide services.

Declaration and authorisation

The information and answers given above are true, correct and complete in every detail.

1. I/we understand the claim may be refused if information is not true or is withheld.
2. I/we declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I/we authorise QBE Insurance (Australia) Limited to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract

Signature of insured 1. Date (dd/mm/yyyy)

Signature of insured 2. Date (dd/mm/yyyy)

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM.

Return the completed form to your financial services provider or mail to QBE Insurance - Claims, GPO Box 4323, Melbourne VIC 3001 or email to gicclaims@qbe.com