

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

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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
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Where did the incident happen?

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

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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	
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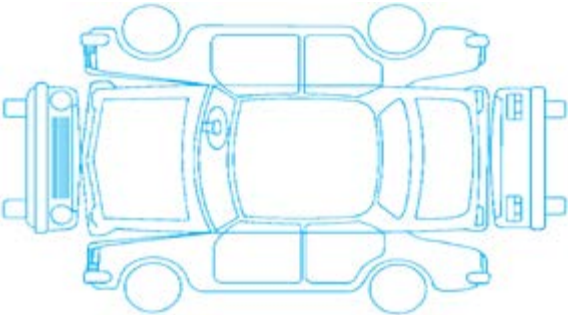
Damage to your vehicle

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>	
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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

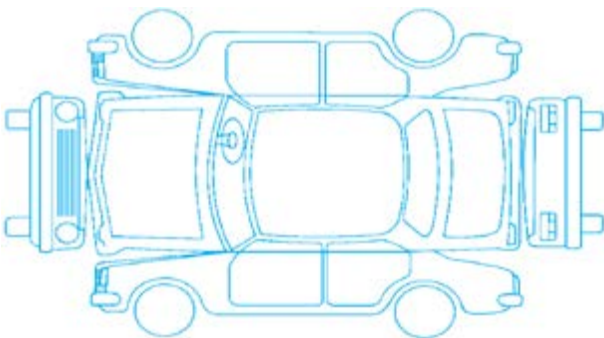
IF THERE IS MORE THAN 1 OTHER VEHICLE INVOLVED PLEASE ATTACHED DETAILS.

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)	
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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				

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