

Motor vehicle claim (non theft)



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

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

Policy number

Claim number

Please complete all sections.

The insured

Owners name (Block letters)	<input type="text"/>		<input type="text"/>								
Postal address	<input type="text"/>		State	<input type="text"/>	Postcode	<input type="text"/>					
Are you registered for GST	Yes	No	What is your ABN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Taxable	%
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?	No	Yes	– Will you be claiming an amount less than 100%?								
	No	Yes	– Specify amount claimed <input type="text"/> %								
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?	No	Yes	– Will you be claiming an amount less than 100%?								
	No	Yes	– Specify amount claimed <input type="text"/> %								
Contact details	Business	()	Private	()							
	Facsimile	()	Mobile								
	Email										

Vehicle details

Make of vehicle	<input type="text"/>	Year	<input type="text"/>	Registered number	<input type="text"/>	
Model	<input type="text"/>	Colour	<input type="text"/>	Odometer reading	<input type="text"/>	
Registered owner	<input type="text"/>					
Address	<input type="text"/>					
			State	<input type="text"/>	Postcode	<input type="text"/>
Do you owe money on your vehicle	No	Yes	– Give details			
Name of lender	<input type="text"/>		Account number	<input type="text"/>		
Address	<input type="text"/>					
			State	<input type="text"/>	Postcode	<input type="text"/>

Driver details

Full name (Block letters)	<input type="text"/>		<input type="text"/>			
Address	<input type="text"/>					
			State	<input type="text"/>	Postcode	<input type="text"/>
Contact details	Business	()	Private	()		
	Facsimile	()	Mobile			
	Email					
Relationship to insured	<input type="text"/>					
Licence number	<input type="text"/>	Expiry date	/ /	Date of birth	/ /	
How long has the driver been licensed for this type of vehicle?				years		
Did the driver drink any alcohol or take any drugs in the 24 hours prior to the accident?	No	Yes	– Give details			
<input type="text"/>						

Did the driver undergo a breath test, breath analysis or blood test?	No	Yes	– Give details			
What was the reading?	<input type="text"/>	(Please attach copy of the certificate.)				

This Policy is underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 of 8 Chifley Square, Sydney, NSW 2000.

Incident details

Date / / Day Time am pm

Where did the incident happen?

Street Suburb Nearest cross street

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

1. Name streets
2. indicate direction of travel
3. Your vehicle
4. Other vehicle

Damage to your vehicle

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

Was the vehicle towed? No Yes – Give details

Name of tow company

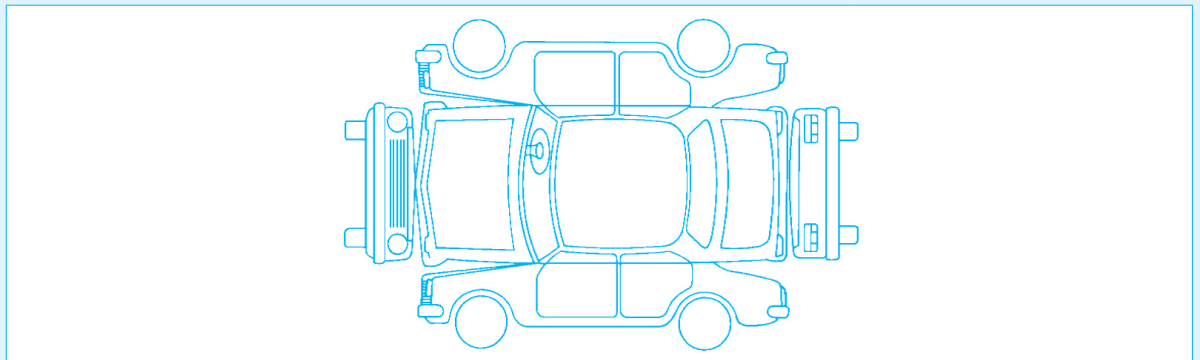
Where was it towed? Distance towed Kms

Where is vehicle now?

SKETCH DIAGRAM

Shade in damage to vehicle

Indicate point of Impact (X)



Owner of other vehicle

Name	Surname <input type="text"/>		Given name(s) <input type="text"/>		
	<input type="text"/>				
Address	<input type="text"/>				
	<input type="text"/>		State <input type="text"/>	Postcode <input type="text"/>	
Contact numbers	Business (<input type="text"/>)	Private (<input type="text"/>)			
Insurance company	<input type="text"/>		Policy number	<input type="text"/>	

Driver of other vehicle

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

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

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

Damage to other vehicle

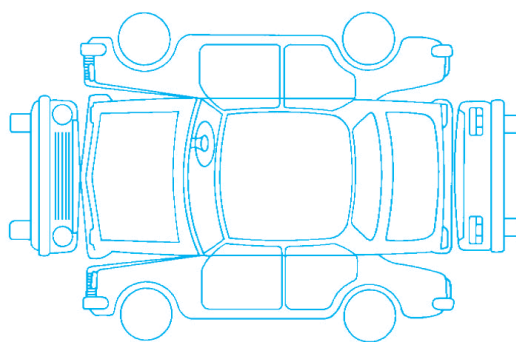
Registration number	Year of manufacture	Make of vehicle	
Model		Colour	

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 officer attend the accident scene, No Yes or did you report the incident to the police? No Yes – Give details

Name	Rank	
Station		
Date of report	/ /	(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? No Yes

Name	Surname		Given name(s)	
Address				
			State	Postcode

Was the witness in the insured vehicle? No Yes

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 |
| 6. Suffered or suffer from impaired eyesight (excluding wearing of glasses), loss of or use of any limb or loss of hearing or from any physical defect or epileptic, diabetic, heart or mental condition? | 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
e.g. John Smith	Feb 04	Speeding 80km in 60km zone	–	Self
Bill Jones	Apr 05	Hit third party in the rear	XYZ Co	Bill

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	<input type="text"/>	BSB	<input type="text"/>
Account name	<input type="text"/>	Account number	<input type="text"/>

Privacy

QBE includes information about how we manage your personal information in our Product Disclosure Statements and policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website www.qbe.com or contact in writing, to The Compliance Manager, QBE Insurance (Australia) Limited, GPO Box 82 Sydney NSW 2001 or email: compliance.manager@qbe.com.

Declaration and authorisation

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

- I/we understand the claim may be refused if information is not true or is withheld.
- I/we declare that all answers and statements made in the application are true, correct and complete in every respect.
- 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	<input type="text" value="X"/>	<input type="text" value="/ /"/>
Signature of insured 2	<input type="text" value="X"/>	<input type="text" value="/ /"/>

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: gicclaims@qbe.com