



## CLAIM FORM

*Failure to complete form may result in delay*

### HOW TO GET QUICK ACTION ON YOUR CLAIM

You can help us to act quickly for you, if you:

1. Print your answers to questions.
2. Make sure that you give us ALL the details about your claim.
3. Send us all quotations which you have received for repairs.
4. Be ready to give any information and documents that we may ask for.
5. Forward any letter of demand or other correspondence that you may receive from any third party.

### 1. POLICY HOLDER

Full Name of Policy Holder: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Are you registered for GST purposes?  No  Yes

What is your ABN? \_\_\_\_\_

Have you claimed an input tax credit on GST against this policy?  No  Yes

Is the amount you claimed for input tax credit less than 100% of the GST applicable to the premium?  No  Yes

Specify % amount claimed \_\_\_\_\_

### 2. DRIVER *N.B. Attach photocopy of Licence*

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ Fax: \_\_\_\_\_

Licence No.: \_\_\_\_\_ Class: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Was the driver authorised to use the vehicle?  No  Yes

### 3. VEHICLE

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Type: \_\_\_\_\_ Year: \_\_\_\_\_

Engine No.: \_\_\_\_\_ Reg. No.: \_\_\_\_\_ VIN. No.: \_\_\_\_\_

Vehicle driveable following accident?  No  Yes

If NO, Towing Company: \_\_\_\_\_ Has account been paid?  No  Yes

When and where will the vehicle be available for assessment?: \_\_\_\_\_

Has the vehicle been modified from original specifications?: \_\_\_\_\_

Is the vehicle subject to any finance agreement?: \_\_\_\_\_ Odometer Reading (at time of accident): \_\_\_\_\_

### 4. INCIDENT

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Location – Street: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

For what purpose was the vehicle being used?: \_\_\_\_\_

Were seatbelts in use in your vehicle? .....  No  Yes Alcohol / drugs consumed in the last 24 hours? .....  No  Yes

Speed of your vehicle at time of accident: \_\_\_\_\_ kms p/hr Speed limit for the area: \_\_\_\_\_ kms p/hr Speed of the other vehicle: \_\_\_\_\_ kms p/hr

In your opinion, was the accident your fault? .....  No  Yes If NO, give reason: \_\_\_\_\_

Did the other driver admit liability?.....  No  Yes Was the accident reported to the Police?.....  No  Yes

Police Officer's Name: \_\_\_\_\_ Police Station? \_\_\_\_\_

Did the Police attend the scene of the accident?.....  No  Yes Were driver(s) subject to breathalyser? .....  No  Yes

Result of Breathalyser: \_\_\_\_\_ Was anyone injured in any vehicle in the accident? ...  No  Yes

If YES, provide full name and details: \_\_\_\_\_

Supply details of any Police charge against any driver(s): \_\_\_\_\_

### 5. THEFT *N.B. Attach photocopy of Registration Papers*

Date and time theft discovered: \_\_\_\_\_ Name of last person to use vehicle: \_\_\_\_\_

Address of last person to use the vehicle: \_\_\_\_\_

Please describe in detail the events leading up to and following the theft: \_\_\_\_\_

Who discovered the theft?: \_\_\_\_\_ Has the vehicle been recovered?.....  No  Yes

If YES, when and by whom?: \_\_\_\_\_

Was the vehicle locked?.....  No  Yes Was the required security system fitted?.....  No  Yes

If YES, was it activated?: \_\_\_\_\_ Type of security system? \_\_\_\_\_

Location at time of theft: \_\_\_\_\_ Reason vehicle was left at this location? \_\_\_\_\_

How did driver travel home following theft?: \_\_\_\_\_ Was the theft reported to the Police? .....  No  Yes

Police Officer's Name: \_\_\_\_\_ Police Station? \_\_\_\_\_

Details of damage to vehicle: \_\_\_\_\_

**6. INDICATE DAMAGED AREA** Tick  as applicable

- Left Side       Right side       Front       Front left       Front right
- Interior       Rear       Rear left       Rear right       Nil

**7. ACCIDENT CAUSE / ACCIDENT ENVIRONMENT / DRIVING CONDITIONS** Tick  as applicable

- Damaged whilst parked       Changing lanes       Hit rear       Head on collision       Reversing       Lost control
- Pulling away from kerb       Malicious damage       Hit object       Unsafe overtaking       U-turn       Right of way
- Traffic controls (facing driver):       Traffic lights       Give way       Roundabout       Stop       Nil

**8. DESCRIPTION OF EVENT** (If insufficient space please attach a separate sheet)

State fully and clearly how accident occurred \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. DESCRIPTION OF ACCIDENT** (If insufficient space please attach a separate sheet)

Please draw a sketch of the accident site. Show Street Names, Stop, Give Way, Other Road Signs, Traffic Lights, Road Markings, etc.

Show your vehicle  Show other vehicles

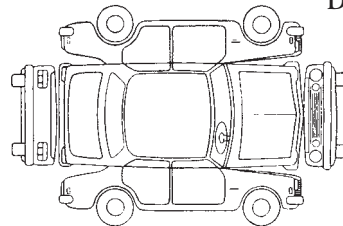


Diagram of damage

**10. DRIVER OF OTHER VEHICLE**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ Licence No.: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Approx. Age: \_\_\_\_\_  
 Name of Registered Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Type: \_\_\_\_\_ Year: \_\_\_\_\_  
 Reg. No.: \_\_\_\_\_ Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
 Damage to vehicle: \_\_\_\_\_

**11. WITNESS TO INCIDENT**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

**12. DECLARATION AND SIGNATURE OF DRIVER**

I/We declare that the foregoing details are correct and not misrepresented in any way.  
 I/We hereby authorise you as my/our agent to remove the vehicle to any place of storage or repair and take any other action you consider necessary to implement repair or reinstatement of vehicle.  
 I/We hereby authorise MB Insurance Group Pty Limited or its agents to obtain or provide information or documents in relation to this claim from or to another insurance company or an insurance reference bureau or similar organisation.

Name and Signature of Driver: \_\_\_\_\_  
 Name and Signature of Policy Holder: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Privacy** - We are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim only for the purpose of assessing and managing the claim. We may need to provide that information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with the claim. We will not trade, rent or sell your information.

If you don't provide us with complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time. If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters. For more information about our Privacy Policy, ask us for a copy.

MB Insurance claims officers are able to assist with any queries relating to your claim. Please contact our office for assistance. If you have an unresolved complaint or dispute you should first take this up with the manager.

If you are unable to resolve your concerns with the manager you should contact the MB Insurance Compliance Manager in Sydney on the toll free number 1300 651 004 You may then request your concerns be directed to the Company Secretary & General Counsel at the Head Office of Assetinsure Pty Limited on (02) 9251 8055 or complaints@assetinsure.com.au.

A further option available to you if you are not satisfied with the outcome is to contact the Financial Ombudsman Service Limited. This independent service is provided to the insuring public at no cost and aims to resolve complaints quickly and informally. The telephone number for this independent service is 1300 780 808.

<b>Returning Address:</b> The Claims Manager MB Insurance Group Pty Limited PO Box Q1233 QVB Post Office NSW 1230	<b>Phone:</b> (02) 9966 9777 <b>Fax:</b> (02) 9928 5656 <b>Toll Free:</b> 1300 651 004	<b>Registered Office:</b> Level 3, 89 York Street Sydney NSW Australia 2000
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