QBE INSURANCE (AUSTRALIA) LIMITED
ABN 78 003 191 035

Motor Vehicle Claim (Non Theft)

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. Important: Attach one quotation from repairer.

The Insured

Full Name (Block Letters)	Surname		Given Name(s)		
Postal Address					
			State		Postcode
Are you registered for GST?	No ☐ Yes ☐	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?	No ☐ Yes ☐ – Will you be claiming an amount less than 100%?				
	No ☐ Yes ☐ – 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?	No ☐ Yes ☐ – Will you be claiming an amount less than 100%?				
	No ☐ Yes ☐ – Specify amount claimed		%		
Contact Numbers	Business	( )	Private	( )	
	Facsimile	( )	Mobile		

Vehicle Details

Make of Vehicle		Year	/ /	Registered No.	
Model		Colour		Odometer Reading	
Registered Owner					
Address					
		State		Postcode	
Do you owe money on your vehicle?	No ☐ Yes ☐ – Give details				
Name of Lender		Account Number			
Address					
		State		Postcode	

Driver Details

Full Name (Block Letters)	Surname		Given Name(s)		
Address					
		State		Postcode	
Contact Numbers	Business	( )	Private	( )	
	Facsimile	( )	Mobile		
Relationship to Insured					
Licence Number		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				
Did the driver undergo a breath test, breath analysis or blood test?	No ☐ Yes ☐ – Give details				
What was the reading?		*(Please attach copy of the certificate.)*			

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 controls: None ☐ Stop sign ☐ Traffic Lights ☐ Roundabout ☐ Give way sign ☐ Other ☐

Number of other vehicles involved

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

What happened?

Who was at fault?	Surname	Given Name(s)

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 ☐

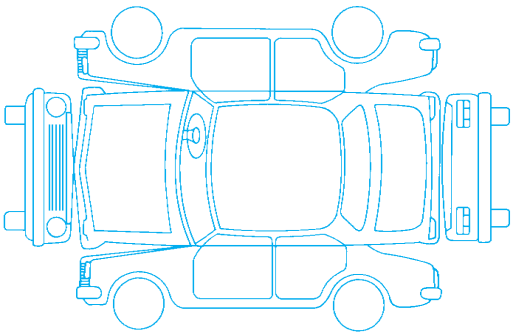
Was the vehicle towed? No ☐ Yes ☐ – Give details

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		Given Name(s)		
Address					
		State		Postcode	
Contact Numbers	Business	( )	Private	( )	
Insurance Co.			Policy No.		

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 ATTACH DETAILS.

Other Vehicle

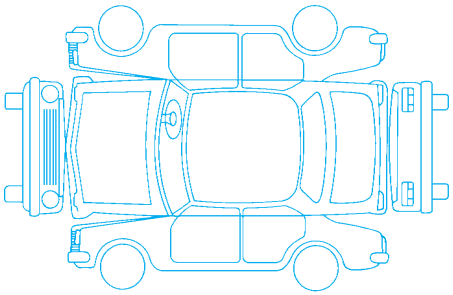
Registration No.		Year of Manufacture		Make of vehicle	
Model				Colour	

Damage to 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	
Contact Numbers	Business ( )		Private	( )	

Was this witness in the insured vehicle? No ☐ Yes ☐

Name	Surname		Given Name(s)		
Address					
		State		Postcode	
Contact Numbers	Business ( )		Private	( )	

Was this 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:**
   a) Drug use, driving under the influence, or exceeding Prescribed Concentration of Alcohol? Yes ☐ No ☐
   b) Any driving offences or speeding ? 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.

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 the Compliance Manager on 02 9375 4656 or email **compliance.manager@qbe.com** for further information.

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 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. **X** _____ Date / /

Signature of Insured 2. **X** _____ Date / /

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, GPO Box 4229, Sydney NSW 2001.