

*Mandatory Fields - Questions marked with a "**" are required.

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*

| | | | |
|-------------------------------------|----------------------|-------------|-------------------------------|
| Insured name <i>(Block letters)</i> | <input type="text"/> | | |
| Division | <input type="text"/> | Cost centre | <input type="text"/> |
| Postal address | <input type="text"/> | State | Postcode <input type="text"/> |

Insured 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"/> | | | | |
| GVM* | <input type="text"/> | State the vehicle is registered in* | | <input type="text"/> | |

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 | (<input type="text"/>) | Private | (<input type="text"/>) |
| | Email | <input type="text"/> | Mobile | <input type="text"/> |

Driver details

| | | | | | |
|----------------------------------|------------------------------|-----------------------------|--|--|-------------------------------|
| Full name <i>(Block letters)</i> | Surname <input type="text"/> | | Given name(s) <input type="text"/> | | |
| | Address <input type="text"/> | | | | |
| Address | <input type="text"/> | | | State | Postcode <input type="text"/> |
| | Contact | Mobile <input type="text"/> | Business | (<input type="text"/>) | |
| Relationship to insured | Email <input type="text"/> | | How long has the driver been licensed for this type of vehicle? <input type="text"/> years | | |
| Licence number | Number* <input type="text"/> | Class* <input type="text"/> | Expiry date <input type="text"/> / <input type="text"/> / <input type="text"/> | Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/> | |

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 | <input type="text"/> / <input type="text"/> / <input type="text"/> | Day | <input type="text"/> | Time | <input type="text"/> am <input type="text"/> 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 | Number of other vehicles involved | | <input type="text"/> | |
| At the time of the accident the insured vehicle was: Parked Stationary Moving Speed <input type="text"/> | | | | | |
| Traffic control: None Stop sign Traffic lights Roundabout Give way sign Other | | | | | |

Incident details

What happened?

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

Who was at fault?

Surname

Given name(s)


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


SKETCH DIAGRAM OF ACCIDENT

SHADE IN DAMAGE TO VEHICLE

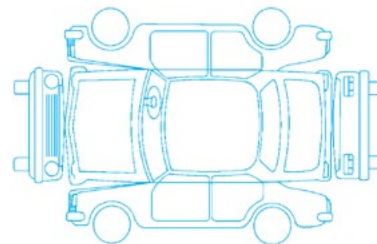
1. Name streets

2. indicate direction of travel

3. Your vehicle 

4. Other vehicle 

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



Indicate point of impact (X)

Third party owner details

Surname

Given name(s)

Owner name

Address

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

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

| | | | |
|--|-------|--|----------|
| | State | | Postcode |
|--|-------|--|----------|

Contact numbers

Mobile

Private

()

Insurance company

Policy number

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

Registration number

Year of manufacture

Make of vehicle

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

Model

Colour

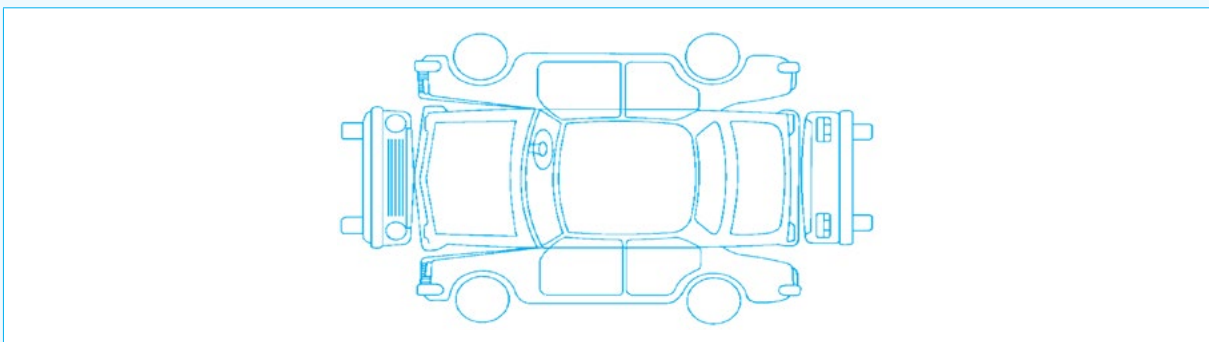
| | | |
|--|--|--|
| | | |
|--|--|--|

Damage to third party vehicle

SKETCH DIAGRAM

Shade in damage to vehicle

Indicate point of Impact (X)



Police

Did a Police Officer attend the accident scene, No Yes or did you report the incident to the policy? No Yes – Give details

Name

Rank

Station

Date reported

/ /

Event number

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

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

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

Name of person to be charged or cautioned and nature of charge

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

Witness(es) details

Driver name

Surname

Given name(s)

Address

State

Postcode

Contact numbers

Mobile

Private

()

Email

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

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

Was this witness in the insured vehicle?

No

Yes

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.

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 driver insured

x

Date

/ /