

# Motor fleet claim

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



\*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 (Block letters)	<input type="text"/>		
Division	<input type="text"/>	Cost centre	<input type="text"/>
Postal address	<input type="text"/>	State	<input type="text"/> 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? <input type="text"/>		

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 (Block letters)	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	Mobile	<input type="text"/>	Business	<input type="text"/>
	Email	<input type="text"/>		
Relationship to insured	<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

<input type="text"/>
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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

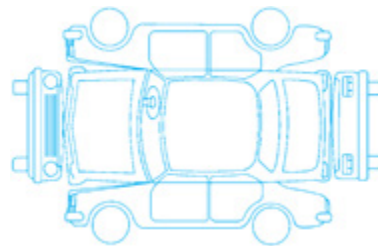
1. Name streets

2. indicate direction of travel

3. Your vehicle 

4. Other vehicle 

SHADE IN DAMAGE TO VEHICLE



Indicate point of impact (X)

## Third party owner details

Owner name

Address

Contact numbers

Insurance company

Registration number

Model

Surname

Given name(s)

Mobile

Private

( )

Policy number

Year of manufacture

Make of vehicle

Colour

State

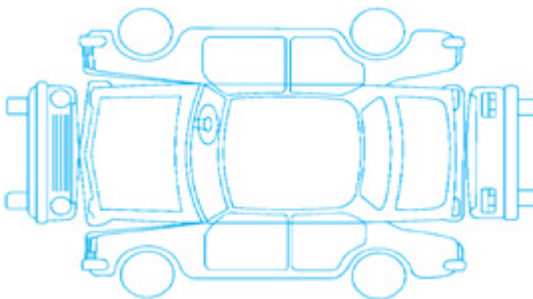
Postcode

## 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](http://www.qbe.com) or contact in writing, to The Compliance Manager, QBE Insurance (Australia) Limited, Level 18, 388 George St, Sydney, NSW 2000 or email: [motor.gicclaims@qbe.com](mailto:motor.gicclaims@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

/ /