

Guardian Underwriting Services Pty Ltd

ABN 21 051 930 105 AFS Licence 255319

137 Moray Street South Melbourne 3205

Telephone 03 8699 8800

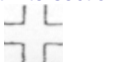




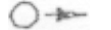


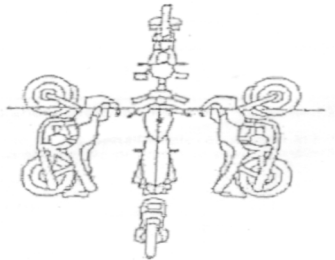
Facsimile 03 8699 8810

bikeguard@guardianunderwriting.com.au



Motor Cycle Claim Form

Certificate Number:		Expiry Date	
Insured:			
Address:			
Occupation:			
Telephone (private)		Telephone (work)	
Telephone (mobile)		E Mail address	
Tax Status:	Registered <input type="checkbox"/> Yes <input type="checkbox"/> No		Taxable %
Accident:			
Date of accident		Time	
For what purpose was the motorcycle being used?			
Rider:			
Rider's full name			
Address of rider			
Date of birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Licence number	State	Expiry date	
Occupation			
How long has the rider held a motorcycle licence?		Years	
Was the motorcycle being used with full knowledge and consent of the certificate holder?			<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the relationship of the rider to the certificate holder?		<input type="checkbox"/> Self <input type="checkbox"/> Relative <input type="checkbox"/> Employee <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	
Was the rider under the influence of any drug or alcohol at the time of the accident?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please state what drugs or how much alcohol was consumed by the rider in the 12 hours prior to the accident?			
Did the rider undergo a breath test?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", what was the reading?			
Has the rider's motor vehicle license ever been cancelled or suspended?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please provide details			
Have you (the policy holder) or the rider of the motorcycle at the time of the accident			
(i) been involved in any previous motor vehicle accidents in the last 5 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) been charged with any offence in relation to the use of a motor vehicle in the last 5 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) had any insurance declined or cancelled, been refused renewal of any insurance or had special terms imposed in the last 5 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please provide details			

Insured motorcycle					
Make and model					
Year of manufacture		Engine CC's		Registration no	
Engine no		V.I.N. no		Registration expiry	
Name and address of Finance Co, if applicable					
Have there been any modifications from the manufacturer's original specifications or any accessories or optional extras added?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please provide full details					
Description of Accident / Theft					
Name of street where accident occurred					
If at an intersection, names of intersecting streets					
Suburb, Town, City					
(i) Was the street wet?					<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Did the other party admit liability?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please provide details					
State clearly and fully how the accident occurred (If insufficient space, attach separate statement)					
Please draw sketch showing position of all vehicles and pedestrians at the time of the accident					
  	Your Motorcycle  Other vehicle  Pedestrian 	Traffic Lights  Stop Sign 			
Did the rider suffer any injury?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes" was medical attention required?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please provide details					
Please indicate insured motorcycle's estimated speed immediately prior to accident			<input type="checkbox"/> Stationary	<input type="checkbox"/> under 30 km/h	
			<input type="checkbox"/> 30-60km/h	<input type="checkbox"/> 60-80km/h	
			<input type="checkbox"/> 80-100km/h	<input type="checkbox"/> over 100km/h	
Please indicate other vehicle's estimated speed immediately prior to accident			<input type="checkbox"/> Stationary	<input type="checkbox"/> under 30 km/h	
			<input type="checkbox"/> 30-60km/h	<input type="checkbox"/> 60-80km/h	
			<input type="checkbox"/> 80-100km/h	<input type="checkbox"/> over 100km/h	
Was the motorcycle towed from the scene of the accident?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please provide details of towing contractor					
Did you authorize this towing?	<input type="checkbox"/> Yes <input type="checkbox"/> No				Please indicate areas of damage to insured motorcycle 
Where can the motorcycle be inspected? (if at repairer's premises – name and address of repairer)					
Estimated cost of repairs (including parts)	\$				
Quotation No					

Police			
Time and date reported to police		Time	
Did the police attend the accident?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please state from which police station			
Name of the officer and report number	Officer:	Report No:	
Did the police indicate which driver was at fault?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please state name of driver charged or cautioned			
If "yes", please state nature of charge or caution			
Other Parties (Please complete this section if any other vehicles or property involved)			
Number of other vehicles involved			
Owner's name and address			
Make and model		Registration Number	
Driver's name and address			
Licence number		State	Age
Other party's insurer			
Please give particulars of damage to other party's vehicle and/or property			
<i>NB- If more than one third party involved please provide similar particulars on a separate sheet</i>			
Witnesses			
Name of passenger(s) on insured motorcycle			
Addresses			
Independent witnesses names			
Addresses			
Guardian acts under a 'Binding Authority Agreement' which gives Guardian authority to bind insurance contracts and / or settle claims. Guardian is not the Insurer for this contract and is not liable for any claim. The Insurer is clearly shown on the Schedule.			
If you are not happy with the way that your claim has been handled please contact us and we will provide you details of our Internal Dispute Resolution Procedures and / or details of external Dispute Resolution alternatives.			
Declaration: The information and answers given above are true and correct in every detail. I understand the claim may be refused or reduced if information is withheld or incorrect. I/We give authority to the Insurer of my/our motorcycle, to give or to obtain from any other insurance company, insurance reference bureau or similar organisation any information in relation to insurance matters or claims history.			
SIGNATURE OF INSURED:		DATED	
SIGNATURE OF RIDER:		DATED	

WHAT TO DO

- 1 Please complete all sections of this form (state N/A if not applicable). Ensure that the Owner and the Rider have signed this form.
- 2 Send this form to BikeGuard at Guardian Underwriting Services Pty Ltd
 - 137 Moray Street South Melbourne Vic 3205, or
 - Fax 03 8699 8810 or
 - bikeguard@guardianunderwriting.com.au

Please include a copy of the driver's licence of the person riding the motorcycle, details of the rider's licence history and a copy of the motorcycle's registration papers.
- 3 Obtain One quotation for repairs and email, fax or mail it to us.
- 4 Once we have the quotation we will arrange for an Assessor to inspect the motorcycle at the repairer's workshop.
- 5 You must tell us about and send us a copy of any notice, letter, claim, writ or summons as soon as possible after you receive it

DISPUTES

Guardian has developed an internal procedure for dispute resolution so that if at any time our products or services have not met your expectations You or an Insured Person can contact Us.

Our Complaints and Disputes Resolution procedures will refer the complaint to senior management for review and a response within 15 working days.

If this does not resolve the issue or You or an Insured Person are not satisfied with the way a complaint has been dealt with, we will provide You with access to the Lloyd's General Representative in Australia who can review Your complaint.

If You or an Insured Person are still dissatisfied, the complaint may be referred, at no cost to you, to the Insurance Ombudsman Service operated by Insurance Ombudsman Service Limited under the terms of the General Insurance Code of Practice.

PRIVACY

Guardian Underwriting Services Pty Ltd has always protected the privacy of personal information of our valued clients. The standards by which we handle this personal information have now been set by the Privacy Act and the National Privacy Principles (NPP), which came into effect on 21st December 2001.

All Staff, Broker Representatives, Agents and Contractors have agreed to hold all information in confidence and not use it for any purpose except to carry out the service they are providing. We do not sell or share names, addresses or any other information with third parties, except to the extent necessary to complete our obligations as an Underwriting Agency or as stated in this document.

How & why do we require your Personal Information

We collect information either directly from the relevant individuals or in some cases, from third parties. They may provide information for someone else requiring the benefit of the services that we offer, such as a nominated driver, director or officer or other staff member.

The information is collected to allow us to provide our insurance services including to arrange and place insurance cover, assess and underwrite risks, and to properly administer your claims.

What we expect of you

When you provide us with information about other individuals, we rely on you to have made, or make them, aware that you will or may provide their information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties will use it for and how they can access it. If it is sensitive information, we rely on you to have obtained consent to the above. If you have not done these things, we expect you to tell us before you provide the relevant information. If you collect, use, disclose, or handle personal information on our behalf, or receive it from us, you & your representatives must meet the relevant requirements of the NPP set out in the Privacy Act 1988 and only use and disclose it for the purposes we agree to.

Transfer of information overseas

We may transfer your personal information overseas where it is necessary to provide our service. Some insurers or reinsurer's are based overseas and we need to provide your personal information to them to arrange your cover.

Opting out

We regularly distribute to our clients information about our products & services, such as newsletters, which we believe may be of interest to you. If you do not wish to receive this additional information, please contact our office.