



## 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

Policy No.: \_\_\_\_\_

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

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

Are you registered for GST purposes?  No  Yes

Occupation \_\_\_\_\_ 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: \_\_\_\_\_

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 alcohol/drugs consumed by the driver in the last 12 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 


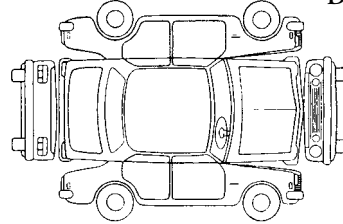
Show other vehicles 

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 QBE or another insurance company or an insurance reference bureau or similar organisation.

Name and Signature of Driver: \_\_\_\_\_

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

**Privacy** - QBE and MB provide information about how we manage the privacy of personal information in the Product Disclosure Statement or on our websites www.qbe.com, or www.mbinsurance.com.au, or you can contact either the Compliance Manager of QBE at compliance.manager@qbe.com or Compliance Manager at MB at compliance@mbinsurance.com.au.

If a complaint arises during your dealings with us, you should first discuss the matter with the person with whom you have been dealing. Where your complaint is not resolved to your satisfaction you should request that the matter be dealt with by the QBE Insurance (Australia) Limited (QBE) Internal Complaints Handling Process.

Your Financial Services Provider or MB can assist you to lodge your complaint and take the details for you. You will be provided with a copy of QBE's brochure detailing the complaints handling process. Your complaint will be handled by a person with authority to resolve the matter. Your complaint should be dealt with within 15 business days unless QBE notify you of the reasons why it cannot be dealt with within that time.

If the complaint remains unresolved to your satisfaction, you may take your complaint to the Financial Ombudsman Service (FOS). FOS resolves certain insurance disputes between complainants and insurers and will provide an independent review at no cost to you. QBE are bound by the determination of FOS but the determination is not binding on you.

We will provide the contact telephone number and address of FOS to you upon request.

**Returning Address:**  
 The Claims Manager  
 MB Insurance Group Pty Limited  
 PO Box Q1233  
 QVB Post Office NSW 1230

**Phone:** (02) 9966 9777  
**Fax:** (02) 9928 5656  
**Toll Free:** 1300 651 004

**Registered Office:**  
 Level 3, 89 York Street  
 Sydney NSW Australia 2000