

Motor vehicle theft claim



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

Please return completed form to giclaims@qbe.com

The issue of this form does not constitute an admission of liability

Policy No.

Claim No.

Please complete all sections.

The insured

Owners name (Block letters)	Surname	Given name(s)		
Postal address			State	Postcode

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	()	Private	()
	Facsimile	()	Mobile	
	Email			

Insured vehicle details (Please attach copy of vehicle registration papers)

Make of vehicle	Year	Registered number
Model	Colour	
Registered owner		
Address	State	Postcode
Where and when did you buy the vehicle?	Date (dd/mm/yyyy)	
Address		
Telephone ()	Amount paid \$	Date of last payment (dd/mm/yyyy)

Do you owe money on your vehicle Yes No - Give details

Name of lender	Account number
Address	Date of last payment (dd/mm/yyyy)
	State Postcode

Have any accessories been added or modifications made since the vehicle was purchased? Give details and attach receipts. Yes No

Description	Purchase price \$	Price paid \$

Details of theft

Day and date of theft (day, dd/mm/yyyy)	At what time and date was your vehicle left parked?	:	am pm	(dd/mm/yyyy)
From where was your vehicle taken?				
			State	Postcode

Details of theft

Why was your vehicle left there?

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Was the vehicle locked? Yes No

Was a burglar alarm fitted? Yes No

Was any other protective device fitted? Yes No

Was it activated? Yes No

Details of person who left vehicle at this location.

Name	Surname		Given name(s)		
Address				State	Postcode
Contact Numbers	Business	()	Private	()	Mobile
Drivers licence number					

Who reported the theft to the police?

Name	Surname		Given name(s)		
Address				State	Postcode
Contact numbers	Business	()	Private	()	Mobile
Name of police officer			Station		
Date and time of report (dd/mm/yyyy)		:	am	pm	(Please attach a copy of the police report)

Details of other people who were with person in charge of vehicle at time of theft.

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

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

Please describe in detail the events leading up to and following the theft.

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How did you get home after the theft?

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Details of recovery

Date recovered (dd/mm/yyyy)		Time recovered	:	am	pm
Date notified of recovery (dd/mm/yyyy)		Time notified	:	am	pm
Location of vehicle when first found					
Nearest cross street					
Where is the vehicle now?					

If the vehicle is in bush land please attach detailed diagram.

Name of person or police officer who found the vehicle		Telephone	()
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