

Motor vehicle third party claim



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

Please email completed form to giclaims@qbe.com

The issue of this form does not constitute an admission of liability on the part of the insurer

Policy No.

Claim No.

For completion by Third Party Claimant. Important: Attach one quotation from repairer.

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	
Name of hire purchase or financier			Occupation	
Make and type		Year model		Date purchase (dd/mm/yyyy)
Purchase price		Purchased from		Registered no.
What is the normal use of the vehicle?				

Driver's particulars

Full name (Block letters)	Surname		Given name(s)		
Driving experience	years	Sex	Age	Date of birth (dd/mm/yyyy)	
Address			State	Postcode	
Relationship to owner		Licence number		Expire date (dd/mm/yyyy)	

Had you consumed any intoxicating liquor or drugs?

Yes No

Was a Breathalyser Test taken?

Yes No - analysis statement must be produced

Date of accident (dd/mm/yyyy)

Place of accident

Explain exactly how the accident happened

Why do you consider the other party was at fault?

Driver's particulars

Is Police action being taken?

Yes No - against whom?

--

Indicate direction of vehicles. Show point of impact X. (1) Represents your vehicle and (2) Represents other vehicle.

--

Name of your comprehensive insurer		Policy no.	
Address of your insurer			
Third party (Act)			

Privacy

Our Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. When we say personal information we may also mean sensitive information such as health information, criminal history or professional memberships that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things. We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy at www.qbe.com.au/privacy, or to obtain a copy by phoning us on **133 723** or requesting it from our authorised representatives or service providers.

We may share your information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of Australia.

By giving us personal information you consent to us collecting, disclosing, storing and using personal information in accordance with our Privacy Policy. If you give us someone else's personal information you confirm that you've obtained their consent to do so.

If you don't provide all of the personal information we've requested, we may be unable to issue, administer and manage products and provide services.

Declaration of non-insurance (to be completed, if applicable)

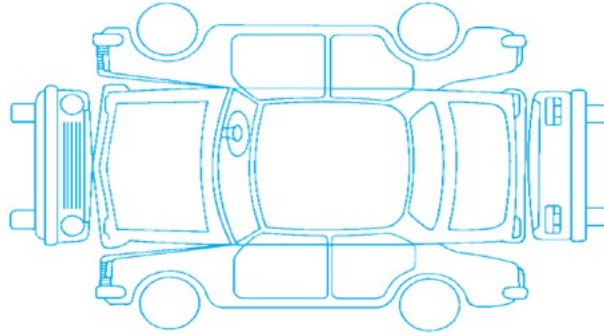
I		of					
declare that on the		day of		in the year of		my	
car, registered no.		was not insured under a Policy of Insurance against damage.					
Declared at							
This		day of		in the year of			
Before me							JP/Commissioner for declaration
Signature X							

SKETCH ACCIDENT HERE IF NECESSARY

--

Declaration of non-insurance (to be completed, if applicable)

IN THE DIAGRAM PROVIDED MARK DAMAGED SECTIONS



Where can your vehicle be inspected?

Was a tow needed? Yes No - state tow truck operator

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 declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I/we authorise QBE to give to and obtain from other insurers and insurance reference bureaus any information relating to the insured's insurance history as well as insurance claims information obtained during the course of this contract.
4. I/we acknowledge and give consent to the collection, disclosure, storage and use of personal information as set out in QBE's Privacy Policy.'

Signature of insured 1.

Date (dd/mm/yyyy)

Signature of insured 2.

Date (dd/mm/yyyy)

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM.