

Motor fleet claim



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

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"/>				

Driver details

Full name (Block letters)	Surname <input type="text"/>		Given name(s) <input type="text"/>		
Address	<input type="text"/>				
	<input type="text"/>			State	<input type="text"/>
	<input type="text"/>			Postcode	<input type="text"/>
Contact	Mobile <input type="text"/>	Business <input type="text"/>	() <input type="text"/>		
	Email <input type="text"/>				
Relationship to insured	How long has the driver been licensed for this type of vehicle?			years	
Licence number	<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

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 / / Day Time am pm

Where did the incident happen?

Street Suburb Nearest cross street

Road surface Dry Wet Loose Number of other vehicles involved

At the time of the accident the insured vehicle was: Parked Stationary Moving Speed

Traffic control: None Stop sign Traffic lights Roundabout Give way sign Other

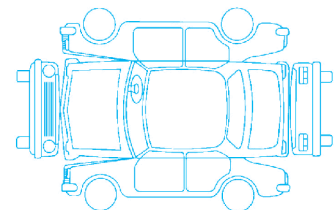
What happened?

Who was at fault? Surname Given name(s)

SKETCH DIAGRAM OF ACCIDENT

- Name streets
- indicate direction of travel
- Your vehicle
- Other vehicle

SHADE IN DAMAGE TO VEHICLE



Indicate point of impact (X)

Third party owner details

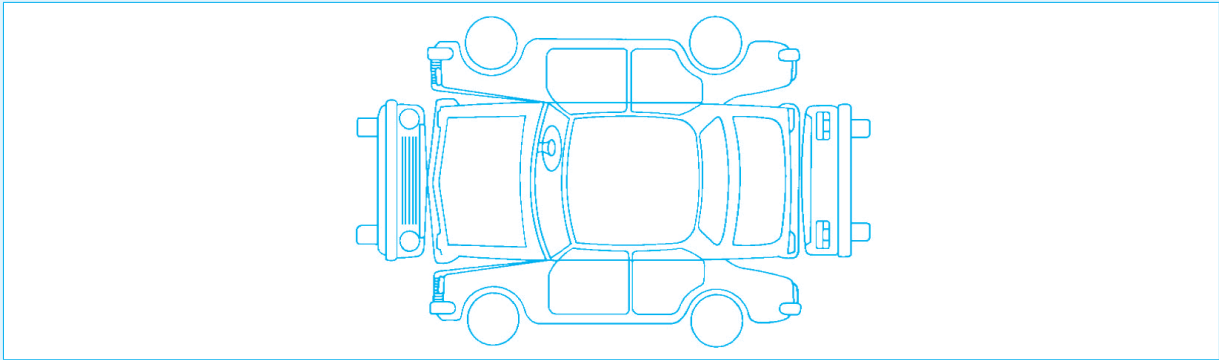
Owner name	Surname		Given name(s)		
Address					
				State	Postcode
Contact numbers	Mobile	Private ()			
Insurance company				Policy number	
Registration number	Year of manufacture		Make of vehicle		
Model	Colour				

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

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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 or contact in writing, to The Compliance Manager, QBE Insurance (Australia) Limited, GPO Box 82 Sydney NSW 2001 or email: compliance.manager@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	/ /
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Please check that this form has been fully completed as any omissions may delay your claim.

Return the completed form to your financial services provider or mail to QBE Insurance, GPO Box 4323, Melbourne VIC 3001 or email: giclaims@qbe.com.