

Motorcycle claim (non theft)



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

Please email completed form to mybikeclaim@qbe.com

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

Policy number Cover type

Please complete all sections

The insured			
Owners name (Block letters)	Surname		Given name(s)
Postal address			
		State	Postcode
Are you registered for GST?	No	Yes	What is your ABN?
Contact details	Private	Mobile	
	Email		

Bike details			
Make of bike	Year	Registration number	
Model	Colour	Odometer reading	
Registered owner			
Address		State	Postcode

Rider details			
Full name (Block letters)	Surname		Given name(s)
Address			
		State	Postcode
Contact details	Business	Mobile	
	Email		
Relationship to insured			
Licence number	Expiry date	Date of birth	
How long has the rider held an Australian Motorcycle Licence?		months / years	

Did the rider drink any alcohol or take any drugs in the 24 hours prior to the accident? No Yes - Give details

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Did the rider undergo a breath test, breath analysis or blood test? No Yes

What was the reading?	(Please attach copy of the certificate.)
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Incident details

Date		Day		Time		am	pm
Where did the incident happen?							
Street							
Suburb							
Nearest cross street							
Road surface	Dry	Wet	Loose				
At the time of the accident the insured vehicle was	Parked	Stationary	Moving				
Traffic control	None	Stop sign	Traffic lights	Give way sign	Other		
Number of other vehicles included							
What happened?							
Who was at fault?	<i>Surname</i>			<i>Given name(s)</i>			

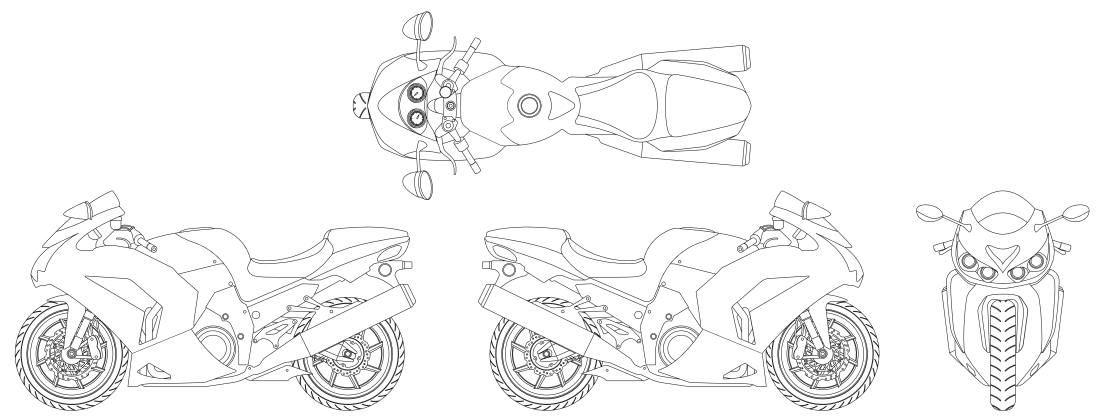
SKETCH DIAGRAM OF ACCIDENT

<ol style="list-style-type: none"> 1. Name streets 2. Indicate direction of travel 3. Your bike 4. Other vehicle 	
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Damage to your bike

Are you claiming for the damage to your bike?	No	Yes
Was the bike towed?	No	Yes
Name of tow company		
Where was it towed?		
Where is bike now?		

SKETCH DIAGRAM

Shade in damage to bike Indicate point of impact (X)	
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Owner of other vehicle					
Name	Surname		Given name(s)		
Address				State	
				Postcode	
Contact numbers	Business	Private			
Driver's licence number					
Was the owner in the vehicle at the time of the accident?				No	Yes
IF THERE IS MORE THAN 1 OTHER VEHICLE INVOLVED PLEASE ATTACH DETAILS.					

Damage to other vehicle			
Registration number		Year of manufacture	Make of vehicle
Model			Colour

Other vehicle

SKETCH DIAGRAM

<p>Shade in damage to vehicle. Indicate point of Impact (X)</p>	
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Other parties

Give details of pedestrians, owners of property or owners of animals involved.

Name	Surname		Given name(s)	
Address				State
				Postcode
Contact numbers				

Police

Give details of pedestrians, owners of property or owners of animals involved.

Did a police officer attend the accident scene No Yes **or** did you report the incident to the police? No Yes

Name				Rank	
Station					
Police Report Number					
Name of person to be charged or cautioned					
Nature of charge or caution					

Witness(es) details

Name	<i>Surname</i>		<i>Given name(s)</i>				
Address							
				State		Postcode	
Contact numbers							
Was the witness known to either party?						No	Yes
Name	<i>Surname</i>		<i>Given name(s)</i>				
Address							
				State		Postcode	
Was the witness known to either party?						No	Yes

Owner(s) and rider history

In the last 3 years have you as owner or the rider of this bike:

1. Had insurance refused, declined or cancelled by an insurer or any special conditions imposed?	No	Yes
2. Been convicted or charged with:		
(a) Drug use, driving under the influence, or exceeding prescribed concentration of alcohol?	No	Yes
(b) Any driving offences or speeding infringements?	No	Yes
(c) Fraud, arson, theft or any other criminal act?	No	Yes
3. Had a drivers or motorcycle licence cancelled, suspended or endorsed?	No	Yes
4. Had a claim or accident?	No	Yes
5. Had a car or bike stolen or burnt out? (include any not reported or not claimed from an insurer)	No	Yes

If you answered 'Yes' to any of the above questions please provide relevant details below:

Name of driver	Date of incident	Details of each incident	Your insurer	Person at fault
<i>e.g. John Smith</i>	<i>Feb 04</i>	<i>Speeding 80km in 60km zone</i>	<i>-</i>	<i>Self</i>
<i>Bill Jones</i>	<i>April 05</i>	<i>Hit third party in the rear</i>	<i>XYZ Co</i>	<i>Bil</i>

If there is insufficient space, please attach a sheet with the relevant information.

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 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 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 insured 1.

Date

Signature
of insured 2.

Date

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