



Transport Operators Claim Form

The issue of this form is not an admission of liability by the insurer.

Policy Number

Please complete all sections. Important: Attach one quotation from repairer.

The Insured									
Full Name (Block Letters)	Surname				Given Name(s)				
Postal Address							State	Postcode	
Are you registered for GST?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	What is your ABN?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?								
	No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed						%		<input type="text"/>
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?								
	No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed						%		<input type="text"/>
Contact Numbers	Business	()				Private	()		
	Facsimile	()				Mobile	<input type="text"/>		

Incident Details									
Date	/	/	Day				Time	am/pm	
Where did the incident happen?									
Street				Suburb				Nearest Cross Street	
Road surface:	Dry <input type="checkbox"/>	Wet <input type="checkbox"/>	Loose <input type="checkbox"/>						
At the time of the accident the insured vehicle was:	Parked <input type="checkbox"/>	Stationary <input type="checkbox"/>	Moving <input type="checkbox"/>	Speed	<input type="text"/>				
Estimated operating routes from your base/depot	0 - 250 kms <input type="checkbox"/>		251 - 400 kms <input type="checkbox"/>		401 - 600 kms <input type="checkbox"/>				
	601 - 1,000 kms <input type="checkbox"/>		1,000 - 1,500 kms <input type="checkbox"/>		> 1,500 kms <input type="checkbox"/>				
If applicable, what type of goods were being transported at time of loss?									
What happened?									
<input type="text"/>									
<input type="text"/>									
<input type="text"/>									
Who was at fault?	Surname				Given Name(s)				

Your Vehicle									
Registration No.				Year of Manufacture				Make of vehicle	
Model							Colour		

Driver Details									
Full Name (Block Letters)	Surname				Given Name(s)				
Address							State	Postcode	
Contact Numbers	Business	()				Private	()		
	Facsimile	()				Mobile	<input type="text"/>		
Relationship to Insured	<input type="text"/>								
Licence Number				Expiry Date	/	/	Date of Birth	/	/
How long has the driver been licensed for this type of vehicle?						years			

Driver Details (continued)

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.)

Owner of Other Vehicle

Name	Surname	Given Name(s)		
Address				
	State	Postcode		
Contact Numbers	Business ()	Private ()		
Insurance Co.		Policy No.		

Driver of Other Vehicle

Name	Surname	Given Name(s)		
Address				
	State	Postcode		
Contact Numbers	Business ()	Private ()		
Date of Birth	/ /	Driver's Licence Number		

Other Vehicle

Registration No.	Year of Manufacture	Make of vehicle	
Model	Colour		

Third Party

Full Name			
Postal Address			
	State	Postcode	
Contact Numbers	Business ()	Private ()	Age

The Cargo

Please provide details of the cargo owner

Has the owner of the goods claimed against you for loss or damage? No Yes

If 'Yes', you must provide us with details including your reply, if any

Has the owner of the goods claimed against you for loss or damage? No Yes

If 'Yes', provide name of insurer and policy number

Name of insurer Policy No

Where can the damaged goods be inspected?

Contact Name Phone No

The Loss

Where did it occur?

How did it occur?

Owner(s) and Driver History

In the last 5 years have you as owner or the driver of this vehicle:

1. Had an 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 ? 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 stolen or burnt out? (include any not reported or not claimed from an insurer) No Yes
6. Suffered or suffer from impaired eyesight (excluding wearing of glasses), loss of or use of any limb or loss of hearing or from any physical defect or epileptic, diabetic, heart or mental condition? 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
e.g. John Smith	Feb 04	Speeding 80km in 60km zone	-	Self
Bill Jones	Apr 05	Hit third party in the rear	XYZ Co	Bill

Witness(es) Details

Name	Surname		Given Name(s)		
Address				State	Postcode
Contact Numbers	Business	()	Private	()	
Was this witness in the insured vehicle?					No <input type="checkbox"/> Yes <input type="checkbox"/>

SKETCH DIAGRAM OF ACCIDENT

1. Name streets
2. Indicate direction of travel
3. Your vehicle
4. Other vehicle

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.au or contact the Compliance Manager on 02 9375 4656 or email compliance.manager@qbe.com for further information.

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 Insured 1.	<input checked="" type="checkbox"/>	<input type="text"/>	Date	<input type="text"/>
Signature of Insured 2.	<input checked="" type="checkbox"/>	<input type="text"/>	Date	<input type="text"/>