

Claim form

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



Please complete all sections of the Claim Form clearly and forward to the Underwriters as soon as possible after the accident. No repairs or alterations to the damaged vehicle should be made until approved by the Underwriter. Please note that the issuance of this form should not be construed as admission of liability and is done so without prejudice.

INSURED	
Name of the Insured	
Trading Name	
Postal Address	
Phone Number/Private	Business Phone
Policy Number	

OTHER INTERESTED PARTIES	
Does any other party have any financial interest in the vehicle or trailer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Interested Party	
Address	Postcode

YOUR VEHICLE – PRIME MOVER	
Make & Model	
Body Type	Reg. No.
Was there any unrepaired damage to the vehicle before the damage sustained in this incident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", please provide details	
Is there any damage to your vehicle as a result of the accident	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of Damage:	
Is the vehicle presently under finance (details):	

YOUR VEHICLE – TRAILER “A”	
Make & Model	
Body Type	Reg. No.
Was there any unrepaired damage to the vehicle before the damage sustained in this incident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If “Yes”, please provide details	
Is the trailer subject to a lease, hire or rental agreement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any other insurance in place for this vehicle	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any damage to your vehicle as a result of the accident	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of Damage:	
Is the vehicle presently under finance (details):	

YOUR VEHICLE – TRAILER “B”	
Make & Model	
Body Type	Reg. No.
Was there any unrepaired damage to the vehicle before the damage sustained in this incident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If “Yes”, please provide details	
Is the trailer subject to a lease, hire or rental agreement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any other insurance in place for this vehicle	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any damage to your vehicle as a result of the accident	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of Damage:	
Is the vehicle presently under finance (details):	

YOUR VEHICLE – OTHER UNIT	
Make & Model	
Body Type	Reg. No.
Was there any unrepaired damage to the vehicle before the damage sustained in this incident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If “Yes”, please provide details	
Is the unit subject to a lease, hire or rental agreement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any other insurance in place for this vehicle	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any damage to your vehicle as a result of the accident	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of Damage:	
Is the vehicle presently under finance (details):	

THE JOURNEY	
State what vehicle(s) was carrying	
Weight of load	tonnes
Point of departure	Anticipated destination for the trip
Was the motor vehicle(s) being used with your knowledge and consent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please state the full name of the registered owner of the vehicle(s) if different from the insured	
Please attach a copy of the registration certificate.	

DAMAGE TO INSURED VEHICLE(S) No repairs or alterations to the damaged vehicle should be made until approved by the Underwriter.		
Where is the vehicle(s) now?		
Can the vehicle(s) be safely driven?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Where can the vehicle(s) be inspected? (Please state full address)		
Was vehicle(s) towed from scene of accident?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes", by whom?	Towing Cost \$	Please attach original invoices.

DRIVER (person in charge of vehicle at time of incident)	
Surname	First Names
Address	Postcode
Telephone No. (AH / Mobile)	(Business)
Was the driver an employee of the owner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "No", state the relationship to the owner	
If "Yes", date the driver was first employed by the owner	
Please attach a copy of the driver's motor vehicle licence	
If an employee was driving, was he/she acting within the scope of their employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How long has the driver held a licence to drive this class of vehicle?	Years

Have you or the driver:	(a) had a policy of insurance cancelled or declined, or increased premium imposed, or endorsed with special conditions so as to require you to carry any part of any loss?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(b) had a driver's licence suspended or cancelled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(c) been issued with any traffic infringement notices or been convicted of any traffic offences?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If "Yes" to any of the above, please give details	

ACCIDENT OR THEFT		
Date of accident/theft	Time	am/pm
Place where the accident occurred (or from where the vehicle was stolen) Street		
Suburb or Town		Postcode
How did the accident happen? Describe in detail the circumstances leading up to the accident. Do not hide any facts that may not be in your favour. Please attach a separate piece of paper if the space below is insufficient. Did you take photographs of the accident scene and the other vehicle? If so please attach.		
Estimate speed of insured's motor vehicle at 20m from accident	km/h	
Time of accident	km/h	
Was horn sounded by the driver or other warning or signal given:		Yes <input type="checkbox"/> No <input type="checkbox"/>
By the driver of the other vehicle		Yes <input type="checkbox"/> No <input type="checkbox"/>
On what side of the road was the insured vehicle being driven at time of accident?		
Estimate speed of insured's motor vehicle at 20m from accident	km/h	
Time of accident	km/h	
What was the condition of the road (wet, dry, rough or otherwise)?		
(b) Were lamps alight on other vehicle		Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Was roadway well lit		Yes <input type="checkbox"/> No <input type="checkbox"/>
If the accident occurred after dusk:	(a) were lamps alight on your vehicle	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Were lamps alight on other vehicle		Yes <input type="checkbox"/> No <input type="checkbox"/>
Was a trailer attached to your vehicle at time of accident?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you of the opinion that the accident was caused or contributed to by the fault or negligence of any person other than your driver?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Please state your reason for thinking so		

Please give a detailed statement of the circumstances of the accident as seen by the driver.

Please give details of conversation between your driver and the driver of the other vehicle immediately after the accident.

DETAILS OF OTHER VEHICLES INVOLVED IN ACCIDENT – VEHICLE No. 1

Owner's Name

Address	
Driver's Name	
Address	
Phone No.	Licence No.
Name of other party's Insurer	Policy No.
Registration No.	Type (i.e. taxi/truck or private car)
Make of vehicle	Colour
Number of persons in vehicle and their names	
Nature of damage to other party's vehicle or property	
Estimate \$	
Has any claim been made against you? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, for what amount? \$	
Please attach any correspondence received from the insurer or driver of the other vehicle.	

OTHER VEHICLE No. 2	
Owner's Name	
Address	
Driver's Name	
Address	
Phone No.	Licence No.
Name of other party's Insurer	Policy No.
Registration No.	Type (i.e. taxi/truck or private car)
Make of vehicle	Colour
Number of persons in vehicle and their names	
Nature of damage to other party's vehicle or property	
Estimate \$	
Has any claim been made against you? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, for what amount? \$	
Please attach any correspondence received from the insurer or driver of the other vehicle.	

If more than two other vehicles were involved provide details on a separate sheet of paper.

WITNESSES	
Name	Name
Address	Address
Phone No.	Phone No.

POLICE	
Did a Police Officer take particulars?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of the Police Officer	To which station is he/she attached?
Is Police action pending against either party?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, against whom, and what is the charge?	
Was a breathalyser or blood test administered (or refused)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, what was the reading (amount)?	If refused, why?
Police Report No:	

SKETCH PLAN OF ACCIDENT
Please attach a separate piece of paper and sketch a picture of the accident. Indicate with arrows (→) the direction the vehicle was travelling and the name of the street.
Insured's vehicle Other party's vehicle Mark point of impact with "X"
Indicate north with an arrow
Please supply a copy of your driver's diary for the 72 Hours prior to the accident and a copy of your driving history. You can obtain this from the local RTA office in the state which issued your licence.

DECLARATION

I/we declare that to the best of my/our knowledge and belief the information in this form is correct and I/we have not withheld any relevant information.

I consent to QBE Insurance (Australia) Limited using the information I have provided to process this claim and I have been given access to a copy of QBE's Privacy policy.

Driver's Signature

Date

Insured's Signature

Date

COMPLAINTS AND DISPUTE RESOLUTION PROCESS

We will do everything possible to provide a quality service to you. However, we recognise that occasionally there may be some aspect of our service or a decision we have made that you wish to query or draw to our attention. We have a complaints and dispute resolution procedure which undertakes to provide an answer to your complaint within fifteen (15) working days.

If you would like to make a complaint or access our internal dispute resolution service please contact your nearest QBE office and ask to speak to a dispute resolution specialist. If you are not happy with our

answer, or we have taken more than fifteen (15) working days to respond, you may take your complaint to the Financial Ombudsman Service (FOS), an ASIC approved external dispute resolution body.

FOS resolves certain insurance disputes between consumers and insurers and will provide an independent review at no cost to you. QBE is bound by the determination of FOS but the determination is not binding on you.