## Motorcycle claim (non theft)



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

Please email completed for The issue of this form does I			part of the	insure	r				
Policy number			c	over ty	/pe				
			_						
Please complete all se	ections								
The insured									
Owners name (Block letters)		Surname					Given name(s	5)	
Postal address									
						State		Postcode	2
Are you registered for GST?	No Yes	What is your ABN?							
Contact details	Private				Mobile				
	Email								
Bike details									
Make of bike			Year		ı	Registratio	n number		
Model			Colour		(	Odometer	reading		
Registered owner									
Address									
						State		Postcode	2
Rider details									
Full name (Block letters)		Surname					Given name(s	;)	
(Block letters)									
Address						State		Postcode	
Address	Business				Mobile			Postcode	2
					Mobile			Postcode	2
Address  Contact details	Business Email				Mobile			Postcode	2
Address		E	Expiry date		Mobile		Date of birtl		
Address  Contact details  Relationship to insured  Licence number	Email		Expiry date				Date of birth		
Address  Contact details  Relationship to insured	Email an Australian Motorc	cycle Licence?			Mobile		Date of birth		- Give details
Address  Contact details  Relationship to insured  Licence number  How long has the rider held a	Email an Australian Motoro ol or take any drugs	rycle Licence? in the 24 hours prior to the a						h Yes	

QM8273-0618

Incident details												
Date		Da	ay	Tii	те		am	pm				
Where did the incident happ	en?		- /				um	Pili				
Street												
Suburb												
Nearest cross street												
Road surface		Dry	Wet	Loose								
At the time of the accident th			Parked	Stationary	/	Moving						
Traffic control		None	Stop sign	Traffic lig	hts	Give wa	y sign		Other			
Number of other vehicles inc	cluded											
What happened?												
Who was at fault?			Surname					Giver	name(s,	)		
SKETCH DIAGRAM OF ACCII	DENT											
<ol> <li>Name streets</li> <li>Indicate direction of travel</li> <li>Your bike</li> <li>Other vehicle</li> </ol>												
Damage to your bike												
Are you claiming for the dam	nage to you	ur bike?								ſ	No	Yes
	nage to you	ur bike?									No No	Yes Yes
Are you claiming for the dam Was the bike towed? Name of tow company	nage to you	ur bike?										
Are you claiming for the dam Was the bike towed? Name of tow company Where was it towed?	nage to you	ır bike?										
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Are you claiming for the dam Was the bike towed? Name of tow company Where was it towed? Where is bike now? SKETCH DIAGRAM Shade in damage to bike Indicate point		ar bike?										
Are you claiming for the dam Was the bike towed? Name of tow company Where was it towed? Where is bike now? SKETCH DIAGRAM  Shade in damage to bike Indicate point of impact (X)		ır bike?	Surname					Given	name(s)			
Are you claiming for the dam Was the bike towed? Name of tow company Where was it towed? Where is bike now? SKETCH DIAGRAM  Shade in damage to bike Indicate point of impact (X)		ır bike?	Surname				State		name(s)		No	
Are you claiming for the dam Was the bike towed? Name of tow company Where was it towed? Where is bike now? SKETCH DIAGRAM  Shade in damage to bike Indicate point of impact (X)  Owner of other vehicle Name		ır bike?	Surname			Private	State		name(s)		No	
Are you claiming for the dam Was the bike towed? Name of tow company Where was it towed? Where is bike now? SKETCH DIAGRAM  Shade in damage to bike Indicate point of impact (X)  Owner of other vehicle Name Address	e	ar bike?	Surname			Private			name(s)		No	

IF THERE IS MORE THAN 1 OTHER VEHICLE INVOLVED PLEASE ATTACHED DETAILS.

Damage to other vehicl	le .	
Registration number	Year of manufacture	Make of vehicle
Model		Colour
Other vehicle		
SKETCH DIAGRAM		
Shade in damage to vehicle Indicate point of Impact (X)		
Other parties		
	wners of property or owners of animals involved.	
Give details of pedestrians, o	owners of property or owners of animals involved.  Surname	Given name(s)
Other parties Give details of pedestrians, o Name Address	,	Given name(s)  State Postcode
Give details of pedestrians, o Name	,	
Give details of pedestrians, o Name Address Contact numbers Police	Surname	
Give details of pedestrians, o Name Address Contact numbers Police Give details of pedestrians, o	Surname owners of property or owners of animals involved.	State Postcode
Give details of pedestrians, o Name Address Contact numbers Police Give details of pedestrians, o	Surname owners of property or owners of animals involved.	State Postcode  eport the incident to the police? No Yes
Give details of pedestrians, o Name Address Contact numbers Police Give details of pedestrians, o Did a police officer attend the	Surname owners of property or owners of animals involved.	State Postcode
Give details of pedestrians, o Name Address Contact numbers  Police Give details of pedestrians, o Did a police officer attend the Name Station	Surname owners of property or owners of animals involved.	State Postcode  eport the incident to the police? No Yes
Give details of pedestrians, o Name Address Contact numbers Police Give details of pedestrians, o Did a police officer attend the Name Station Police Report Number	Surname  owners of property or owners of animals involved. e accident scene No Yes <b>or</b> did you rep	State Postcode  eport the incident to the police? No Yes
Give details of pedestrians, o Name Address Contact numbers  Police Give details of pedestrians, o Did a police officer attend the Name Station Police Report Number Name of person to be charge	Surname  owners of property or owners of animals involved. e accident scene No Yes <b>or</b> did you rep	State Postcode  eport the incident to the police? No Yes
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Give details of pedestrians, o Name Address  Contact numbers  Police Give details of pedestrians, o Did a police officer attend the Name Station  Police Report Number Name of person to be charge Nature of charge or caution  Witness(es) details Name  Address	Surname  owners of property or owners of animals involved. e accident scene No Yes <b>or</b> did you repeated or cautioned	State Postcode  eport the incident to the police? No Yes  Rank
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Give details of pedestrians, o Name Address  Contact numbers  Police Give details of pedestrians, o Did a police officer attend the Name Station Police Report Number Name of person to be charge Nature of charge or caution  Witness(es) details Name  Address  Contact numbers  Was the witness known to eit	Surname  owners of property or owners of animals involved.  e accident scene No Yes <b>or</b> did you repeated or cautioned  Surname	State Postcode  Eport the incident to the police? No Yes  Rank  Given name(s)
Give details of pedestrians, o Name Address  Contact numbers  Police Give details of pedestrians, o Did a police officer attend the Name Station Police Report Number Name of person to be charge Nature of charge or caution  Witness(es) details Name	Surname  owners of property or owners of animals involved.  e accident scene No Yes <b>or</b> did you reped or cautioned  Surname  ther party?	State Postcode  Export the incident to the police? No Yes  Rank  Given name(s)  State Postcode  No Yes

No

Yes

Was the witness known to either party?

## 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? Nο 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: Your insurer Person at fault Name of driver Date of incident Details of each incident Speeding 80km in 60km zone e.g. John Smith Feb 04 Self **Bill Jones** April 05 Bil Hit third party in the rear XYZ Co If there is insufficient space, please attached 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. I/we understand the claim may be refused if information is not true or is withheld. I/we declare that all answers and statements made in the application are true, correct and complete in every respect. 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 Date of insured 1. Signature Date

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

of insured 2.