

Motorcycle claim (non theft)



QBE Insurance (Australia) Limited ABN 78 003191 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.)	

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?	Surname			Given name(s)			

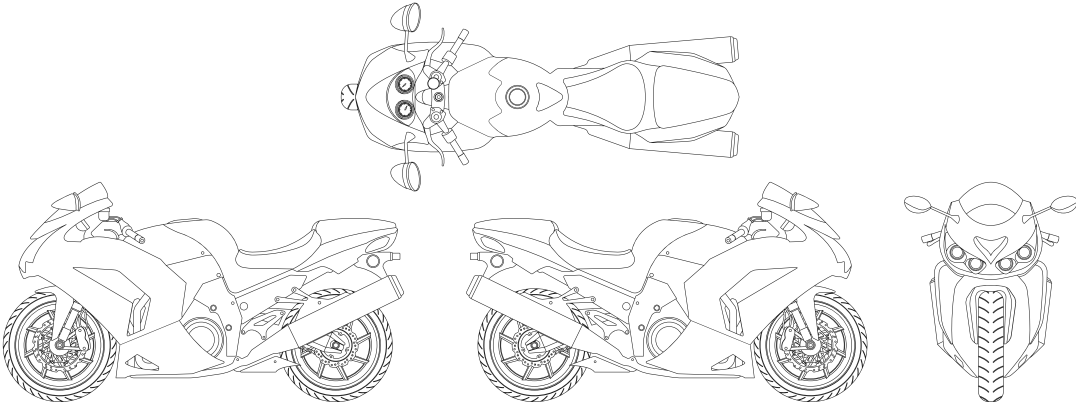
SKETCH DIAGRAM OF ACCIDENT

<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 ATTACHED DETAILS.

Damage to other vehicle

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

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

