



CLAIM FORM

Failure to complete form may result in delay

HOW TO GET QUICK ACTION ON YOUR CLAIM

You can help us to act quickly for you, if you:

- 1. Print your answers to questions.
- 2. Make sure that you give us ALL the details about your claim.
- 3. Send us all quotations which you have received for repairs.
- 4. Be ready to give any information and documents that we may ask for.
- 5. Forward any letter of demand or other correspondence that you may receive from any third party.

1. POLICY HOLDER

Policy No.: _____

Full Name of Policy Holder: _____

Postal Address: _____

Are you registered for GST purposes? No Yes

Occupation _____ What is your ABN? _____

Have you claimed an input tax credit on GST against this policy? No Yes

Is the amount you claimed for input tax credit less than 100% of the GST applicable to the premium? No Yes

Specify % amount claimed _____

2. DRIVER *N.B. Attach photocopy of Licence*

Surname: _____ Given Names: _____ D.O.B.: _____

Phone (H): _____ (W): _____ Fax: _____

Licence No.: _____ Class: _____ Expiry Date: _____

Was the driver authorised to use the vehicle? No Yes

3. VEHICLE

Make: _____ Model: _____ Type: _____ Year: _____

Engine No.: _____ Reg. No.: _____ VIN. No.: _____

Vehicle driveable following accident? No Yes If NO, Towing Company: _____

When and where will the vehicle be available for assessment?: _____

Has the vehicle been modified from original specifications?: _____

Is the vehicle subject to any finance agreement?: _____ Odometer Reading (at time of accident): _____

4. INCIDENT

Date: _____ Time: _____ am/pm _____

Location – Street: _____ Suburb: _____ Postcode: _____

For what purpose was the vehicle being used?: _____

Were alcohol/drugs consumed by the driver in the last 12 hours? No Yes

Speed of your vehicle at time of accident: _____ kms p/hr Speed limit for the area: _____ kms p/hr Speed of the other vehicle: _____ kms p/hr

In your opinion, was the accident your fault? No Yes If NO, give reason: _____

Did the other driver admit liability?..... No Yes

Was the accident reported to the Police?..... No Yes

Police Officer's Name: _____

Police Station? _____

Did the Police attend the scene of the accident?..... No Yes

Were driver(s) subject to breathalyser? No Yes

Result of Breathalyser: _____

Was anyone injured in any vehicle in the accident? ... No Yes

If YES, provide full name and details: _____

Supply details of any Police charge against any driver(s): _____

5. THEFT *N.B. Attach photocopy of Registration Papers*

Date and time theft discovered: _____ Name of last person to use vehicle: _____

Address of last person to use the vehicle: _____

Please describe in detail the events leading up to and following the theft: _____

Who discovered the theft?: _____

Has the vehicle been recovered?..... No Yes

If YES, when and by whom?: _____

Was the vehicle locked?..... No Yes

Was the required security system fitted?..... No Yes

If YES, was it activated?: _____

Type of security system? _____

Location at time of theft: _____

Reason vehicle was left at this location? _____

How did driver travel home following theft?: _____

Was the theft reported to the Police? No Yes

Police Officer's Name: _____

Police Station? _____

Details of damage to vehicle: _____

6. INDICATE DAMAGED AREA Tick as applicable

- Left Side Right side Front Front left Front right
- Interior Rear Rear left Rear right Nil

7. ACCIDENT CAUSE / ACCIDENT ENVIRONMENT / DRIVING CONDITIONS Tick as applicable


- Damaged whilst parked Changing lanes Hit rear Head on collision Reversing Lost control
- Pulling away from kerb Malicious damage Hit object Unsafe overtaking U-turn Right of way
- Traffic controls (facing driver): Traffic lights Give way Roundabout Stop Nil

8. DESCRIPTION OF EVENT (If insufficient space please attach a separate sheet)

State fully and clearly how accident occurred _____

9. DESCRIPTION OF ACCIDENT (If insufficient space please attach a separate sheet)

Please draw a sketch of the accident site. Show Street Names, Stop, Give Way, Other Road Signs, Traffic Lights, Road Markings, etc.

Show your vehicle 


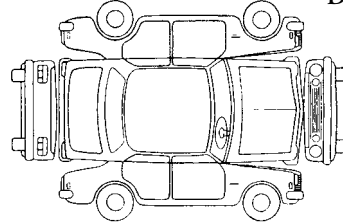
Show other vehicles 

Diagram of damage



10. DRIVER OF OTHER VEHICLE

Surname: _____ Given Names: _____
 Address: _____
 Phone (H): _____ (W): _____ Licence No.: _____
 Occupation: _____ Approx. Age: _____
 Name of Registered Owner: _____ Phone: _____
 Address: _____
 Vehicle Make: _____ Model: _____ Type: _____ Year: _____
 Reg. No.: _____ Insurance Company: _____ Policy No.: _____
 Damage to vehicle: _____

11. WITNESS TO INCIDENT

Surname: _____ Given Names: _____
 Address: _____
 Phone (H): _____ (W): _____

12. DECLARATION AND SIGNATURE OF DRIVER

I/We declare that the foregoing details are correct and not misrepresented in any way.
 I/We hereby authorise you as my/our agent to remove the vehicle to any place of storage or repair and take any other action you consider necessary to implement repair or reinstatement of vehicle.
 I/We hereby authorise MB Insurance Group Pty Limited or its agents to obtain or provide information or documents in relation to this claim from or to QBE or another insurance company or an insurance reference bureau or similar organisation.

Name and Signature of Driver: _____

Name and Signature of Policy Holder: _____ Date: ____/____/____

Privacy - QBE and MB provide information about how we manage the privacy of personal information in the Product Disclosure Statement or on our websites www.qbe.com, or www.mbinsurance.com.au, or you can contact either the Compliance Manager of QBE at compliance.manager@qbe.com or Compliance Manager at MB at compliance@mbinsurance.com.au.

If a complaint arises during your dealings with us, you should first discuss the matter with the person with whom you have been dealing. Where your complaint is not resolved to your satisfaction you should request that the matter be dealt with by the QBE Insurance (Australia) Limited (QBE) Internal Complaints Handling Process.

Your Financial Services Provider or MB can assist you to lodge your complaint and take the details for you. You will be provided with a copy of QBE's brochure detailing the complaints handling process. Your complaint will be handled by a person with authority to resolve the matter. Your complaint should be dealt with within 15 business days unless QBE notify you of the reasons why it cannot be dealt with within that time.

If the complaint remains unresolved to your satisfaction, you may take your complaint to the Financial Ombudsman Service (FOS). FOS resolves certain insurance disputes between complainants and insurers and will provide an independent review at no cost to you. QBE are bound by the determination of FOS but the determination is not binding on you.

We will provide the contact telephone number and address of FOS to you upon request.

Returning Address: The Claims Manager
 MB Insurance Group Pty Limited
 PO Box Q1233
 QVB Post Office NSW 1230

Phone: (02) 9966 9777
Fax: (02) 9928 5656
Toll Free: 1300 651 004

Registered Office: Level 3, 89 York Street
 Sydney NSW Australia 2000

or email: claims@mbinsurance.com.au