

QBE MOTOR Cover™

COMPREHENSIVE MOTOR VEHICLE INSURANCE

Motor Vehicle Claim

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A. NOTES

1. It is most important that all questions are answered. If not applicable, write "n/a".
2. The issue of this claim form is not an admission of liability by QBE.
3. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
4. Any amounts further marked as * are in the currency of the country in which the policy has been issued.
5. Markets
Please use the checklist below to indicate the operation in the QBE Pacific Islands region to which you will be submitting your claim.

Market	Business Name	Please tick
Fiji	QBE Insurance (Fiji) Limited	
Papua New Guinea	QBE Insurance (PNG) Limited	
Solomon Islands	QBE Insurance (International) Limited	
Vanuatu	QBE Insurance (Vanuatu) Limited	

Note: For any other markets please contact the local QBE office.

6. The content and use of this form or any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by:
 - a) the laws of the country at the QBE office which issues the policy/ies upon which this present claim is made; unless
 - b) the policy/ies refer to the laws of a different country applying, in which case, the laws of that country,
 and in relation to those matters, the parties submit to the jurisdiction of the courts of that country.

For those policies governed by the laws of the Republic of Vanuatu, the validity, interpretation and effect and the rights and obligations of the parties to such policies shall be governed exclusively by English Law as applicable within Vanuatu immediately before 30 July 1980 and shall be justiciable before the Supreme Court of Vanuatu.

B. INSURED DETAILS

1. Name of insured:
2. Address:
..... Postcode:
3. Private tel no: Business tel no:
Mobile tel no: Fax no:
Email:
4. Occupation:

C. INSURED VEHICLE DETAILS

1. Make of vehicle: Model: Year of manufacture:
2. Registration number:

3. Registered owner (full name and address)

.....
.....

4. Details of any modification made to the vehicle or engine:

.....

5. Name and address of other interested party(ies) (eg. finance company, lease company)

.....
.....
.....

D. DRIVER DETAILS

1. Name of driver (if insured, please state 'as above'):

2. Address:

..... Postcode:

Private tel no: Business tel no:

Mobile tel no: Fax no:

Email:

Date of birth: Sex: Male Female

3. Relationship to the insured:

4. Is driver's licence current? YES NO

5. How long has the driver been licensed for this type of vehicle? years

6. Current licence number: Class: Date:

7. Has the driver's licence ever been endorsed or cancelled? YES NO

8. Has the driver been involved in previous accidents over the past 3 years? YES NO

9. Has the driver consumed any intoxicating liquor or taken any drugs during the 24 hours prior to the accident? YES NO

If "YES", to any of questions 7-9 above, please give full details

.....
.....
.....

10. Did the driver undergo a breath test, breath analysis or blood test? YES NO

If "YES", what was the reading?

.....

11. If driver was other than the insured named above:
- a) Was the vehicle being used with the insured's knowledge and consent? YES NO
 - b) State the relationship to the insured (ie. wife, son, friend, employee, hirer).
.....
 - c) Does driver own his/her own vehicle? YES NO
If so, name of insurer?

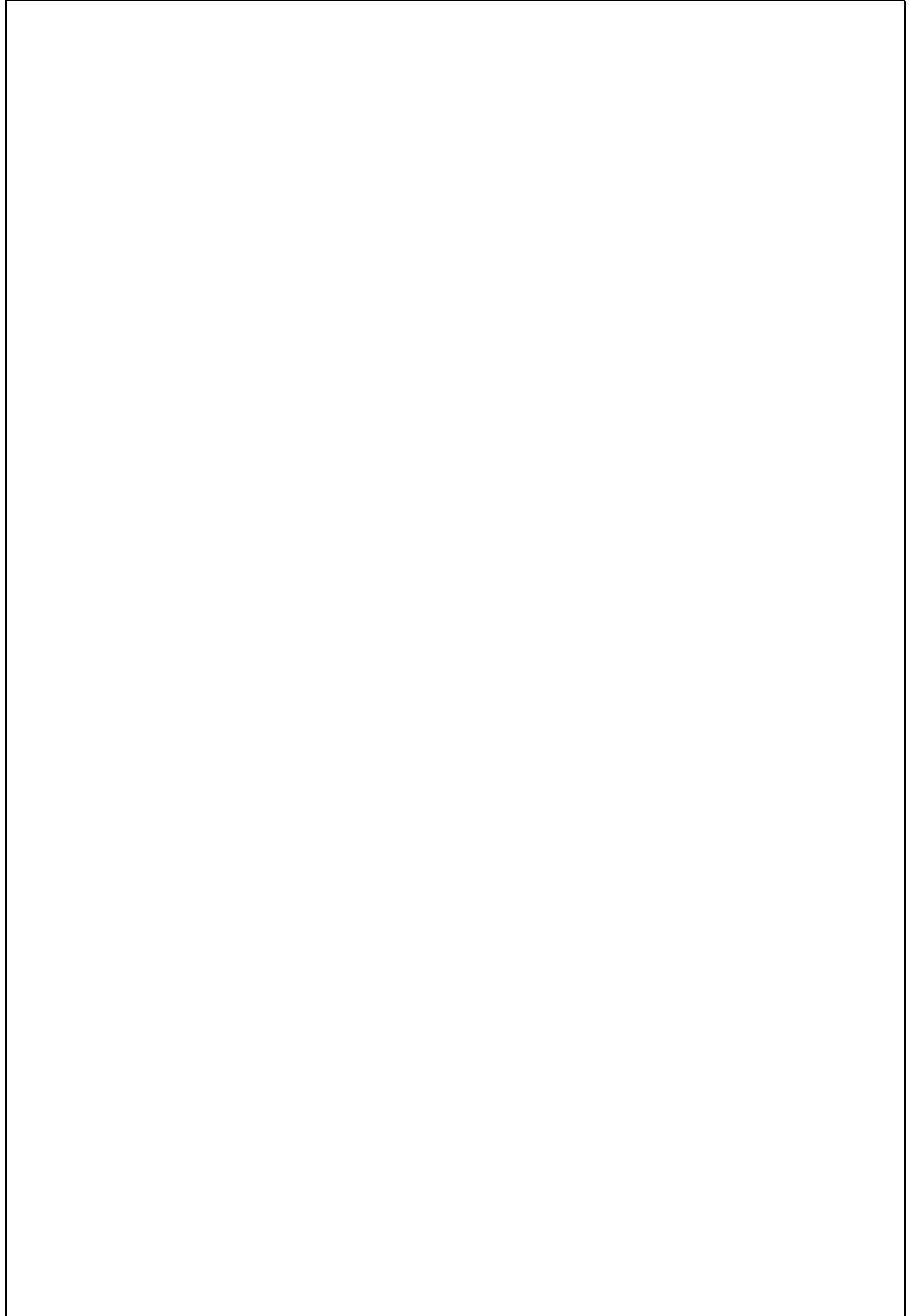
E. ACCIDENT DETAILS

- 1. Date ___/___/___ Time:am/pm
- 2. Weather: Speed: kmh/mph
- 3. Road conditions: Dry Wet Loose
- 4. Exact location of accident (street, nearest cross street, suburb, town):
.....
- 5. At the time of the accident the insured vehicle was:
 Parked Stationary Moving
- 6. Traffic controls:
 None Stop sign Traffic lights Roundabout Give way sign other
- 7. Number of vehicles involved:
If applicable, what type of goods were being transported at time of loss?
.....
- 8. Describe fully how accident occurred?
.....
.....
- 9. Who was at fault? Name:



10. Sketch

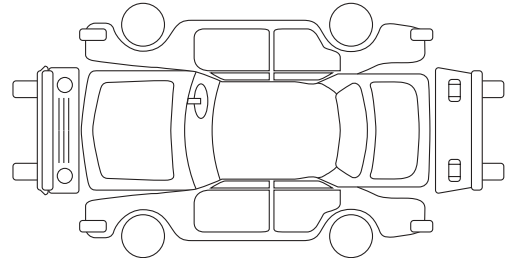
Indicate road, street name, direction of travel, identify your car by (X), distance from kerb.



F. DAMAGE TO INSURED'S VEHICLE

(Please complete questions F1 to F8 only if you are claiming for damage to your vehicle)

- 1. Where is the vehicle now?
.....
.....
Shade in area damaged by accident
- 2. Name of repairer (if same as above, please leave blank)
.....
- 3. Address:
.....
.....
- 4. Tel no: Fax no:
- 5. Was vehicle towed? YES NO
If "YES", name of towing company
- 6. Repairer's estimate: *
- 7. Usage: Journey from To:
- 8. For what purposes was the vehicle being used?



G. DAMAGE TO OTHER VEHICLE OR PROPERTY

- 1. Owner's name: Tel no:
- 2. Address:
- 3. Name of insurers: Branch:
- 4. Other driver's name: Tel no:
- 5. Address:
- 6. Make of vehicle: Model: Type:
- 7. Registration number:
- 8. Particulars of damage to other vehicles:
.....
- 9. Particulars of damage to other property:
.....

Note: All written communications from other parties must be forwarded immediately to this company unanswered.

H. OTHER PARTIES

1. Please give details of pedestrians, owners of property or owners of animals involved.

Name:

Address:

Name:

Address:

2. Details of any injury:

.....

.....

I. RESPONSIBILITY FOR ACCIDENT

1. If you were not to blame, who was?

Give reasons:

.....

2. Details of witness(es)

a) Name of witness:

b) Address:

..... Postcode:

Private tel no: Business tel no:

Mobile tel no: Fax no:

c) Was this witness in the insured vehicle? YES NO

3. Details of witness(es)

a) Name of witness:

b) Address:

..... Postcode:

Private tel no: Business tel no:

Mobile tel no: Fax no:

c) Was this witness in the insured vehicle? YES NO



QBE

ASIA PACIFIC

PACIFIC ISLANDS

4. Did a traffic or police officer attend the accident? YES NO

If "YES", please state:

Name: Number:

Where stationed:

5. Was it alleged that anyone was under the influence of intoxicating liquor or drugs? YES NO

If so, who?

6. Was a written statement made to the traffic or police officer? YES NO

If "YES", please attach copy of statement

J. DECLARATION

I/We declare that:

1. The information and answers given above are correct to the best of my/our knowledge and belief.
2. I/We understand the claim may be refused or reduced if information is withheld.
3. I/We authorise QBE to disclose information contained herein to QBE's advisors, reinsurers and to other insurers. I/We authorise QBE to obtain from any other party information that is, in QBE's view relevant to this claim.

Signature of insured:

Date: ___/___/___

Asia Pacific Head Office

Level 7, 345 George Street
Sydney N.S.W. 2000
Australia

Tel: +612 9375 4444
Fax: +612 9375 4070
www.qbe.com/asiapacific

Licensed insurers for the Pacific Islands region:

Fiji

QBE Insurance (Fiji) Limited
QBE Centre
Victoria Parade
GPO Box 101
Suva, Fiji

Tel: + (679) 331 5455
Fax: + (679) 330 0285
Info: info.fiji@qbe.com
www.qbe.com/asiapacific

PNG

QBE Insurance (PNG) Limited
QBE Building
Musgrave Street
P O Box 814, Port Moresby
Papua New Guinea

Tel: + (675) 3212 144
Fax: + (675) 3214 756
Info: info.png@qbe.com
www.qbe.com/asiapacific

Solomon Islands

QBE Insurance (International) Limited
Panatina Plaza
Prince Philip Highway
P.O. Box 764
Honiara
Solomon Islands

Tel: + (677) 38884
Fax: + (677) 38887
Info: info.sol@qbe.com
www.qbe.com/asiapacific

Vanuatu

QBE Insurance (Vanuatu) Limited
La Casa, D'Andrea Building
Port Vila
P.O. Box 186
Vanuatu

Tel: + (678) 22299
Fax: + (678) 23298
Info: info.van@qbe.com
www.qbe.com/asiapacific

French Polynesia

QBE Insurance (International) Limited
Immeuble Gallieni
Front de Mer
P.O. Box 283
Papeete, Tahiti – French Polynesia

Tel: + (689) 50 66 00
Fax: + (689) 50 66 01
Info: info.fp@qbe.com
www.qbe.com/asiapacific

New Caledonia

QBE Insurance (International) Limited
5 Rue Anatole-France
BP 449
98845 Noumea-Cedex
New Caledonia

Tel: + (687) 246300
Fax: + (687) 287717
Info: qbe@qbe.nc
www.qbe.com/asiapacific

For literature in use in the French Territories above,
please contact the local QBE office in each of these countries.



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