Motorcycle claim (non theft)

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

QBE

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

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

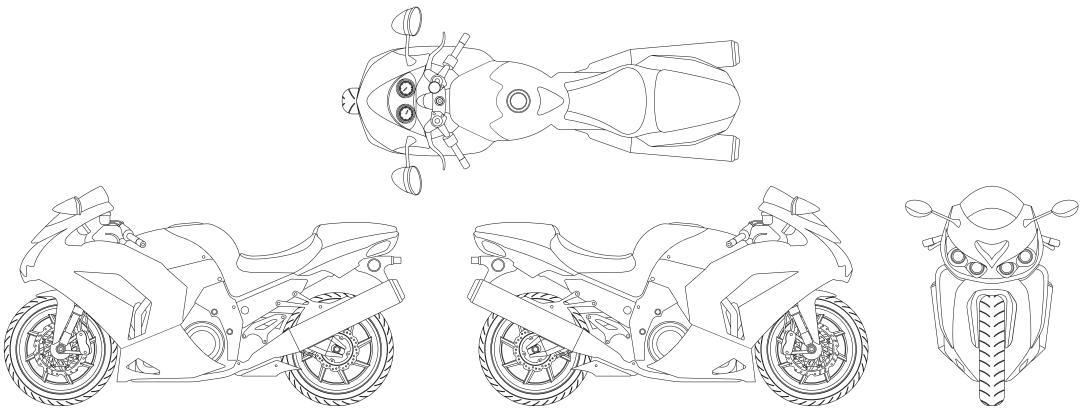
1. Name streets
2. Indicate direction of travel
3. Your bike
4. Other vehicle

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)



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.

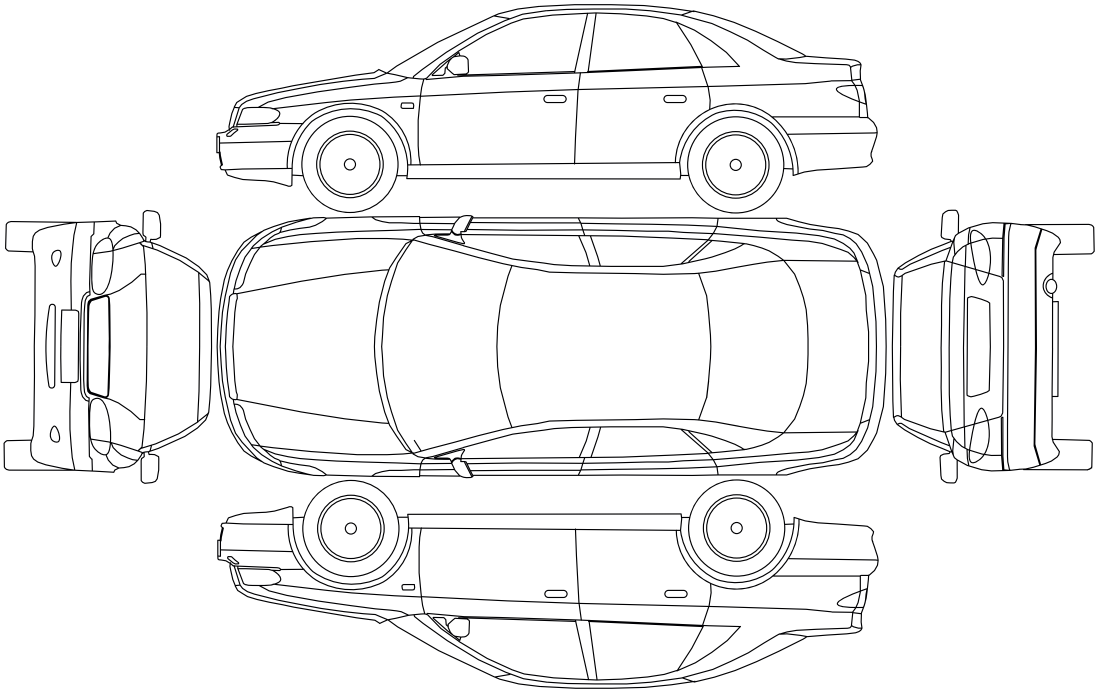
Damage to other vehicle

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? No ☐ Yes ☐

Name	*Surname*	*Given name(s)*			
Address					
			State		Postcode

Was the witness known to either party? No ☐ Yes ☐

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?	No ☐	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:

Name of driver	Date of incident	Details of each incident	Your insurer	Person at fault
e.g. John Smith	***Feb 04***	***Speeding 80km in 60km zone***	***–***	***Self***
Bill Jones	***April 05***	***Hit third party in the rear***	***XYZ Co***	***Bil***

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.

1. I/we understand the claim may be refused if information is not true or is withheld.
2. I/we declare that all answers and statements made in the application are true, correct and complete in every respect.
3. 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 of insured 1. _____ Date _____

Signature of insured 2. _____ Date _____

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