

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) Pty Limited	
Vanuatu	QBE Insurance (Vanuatu) Limited	

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

6. Jurisdiction

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 exclusive 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 exclusively justiciable before the Supreme Court of Vanuatu.

B. Insured details

Name of insured								
Address								
Private tel. no		Business tel. no			Mobile tel. no			
Fax no		email						
Occupation								
Policy								
C. Insured vehi	cle details							
1. Make of vehicle			Model			Year o	of manufacture	
2. Registration nu	mber:							
3. Registered own	er (full name and a	uddress)						
4. Dotails of any m	odification made	to the vehicle or engine						
4. Details of any in	louncation made							
Name and address	s of other intereste	ed party(ies) (eg. finance cor	npany, le	ase company)				

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D. Driver details														
1. Name of driver	(if the insured, plea	ase state 'as a	above')											
2. Address														
Private tel no		Business tel no Mobile tel no												
Fax no		email												
3. Date of birth		Sex	Mal	le	Femal	e								
4. Relationship to	the insured													
5. Current driver's	licence number					Countr	y of issue							
Class		Issue date					Expiry	date						
6. How long has the driver been licensed for this type of vehicle? years														
7. Has the driver's licence ever been endorsed or cancelled? Yes No									No					
8. Has the driver b	been involved in pr	evious accid	ents over t	he past 3	3 years	?						Yes		No
	consumed any into			-	ıgs in th	ne 24 ho	ours prior	to the	e accide	ent?		Yes		No
If "Yes", to any of q	juestions 7-9 above	, please give	full details.	-										
10. Did the driver	undergo a breath t	est, breath a	nalysis or t	blood tes	st?							Yes		No
lf "Yes", what v	was the reading?													
	her than the insure										[]			_
	icle being used wit			-								Yes		No
	ationship to the ins		e, son, frier	nd, empl	loyee, h	iirer).								٦
	own his/her own v	ehicle?										Yes		No
lf so, name of i														
E. Accident det														
1. Date of incident	t					Time								
2. Weather						Speed								
3. Road condition		Dry		Wet	_	LO	ose							
4. Exact location o	of accident (street,	nearest cros	is street, su	idurd, to	own)									
5. At the time of th	ne accident the ins	ured vehicle	was:		[Pa	rked		Statio	nary			Moving	1
6. Traffic controls		Stop si		Traffic	lights		Roundabo	out		live way	y sigr		Othe	
7. Usage: journey	from			1	-	to								
8. For what purpo	ses was the vehicl	e being used	?											
9. Number of vehi	icles involved:													
If applicable, w	hat types of goods	were being t	ransporte	d at time	e of loss	?								
10. Describe fully	how accident occu	irred?												

F. Damage to insured's								
Please complete questions 1. Where is the vehicle now		e claiming for damage t	o your vehicle.					
2. Name of repairer (if same		e blank).						
3. Address								
4. Tel no			Fax no					
5. Was vehicle towed? If "	/es", please provide nar	ne of towing company.				Yes	No	
6. Repairer's estimate *			Please provide cop	ies of estimat	tes or quo	tes from r	epairer(s).	
Shade in area damaged by	accident. Indicate poir	nt of impact (X)						
G. Damage to other veh	nicle 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			Туре			
7. Was the owner in the veh	icle at the time of the a	ccident?	_			Yes	No	
8. Registration number								
9. Particulars of damage to	other vehicles							
10. Particulars of damage to	o other property							

MOTOR VEHICLE CLAIM PAC 7/17

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

H. Other parties									
1. Please	1. Please give details of pedestrians, owners of property or owners of animals involved.								
Name			Address						
Name			Address						
2. Detail	2. Details of any injuries to other parties (give name and extent of injuries):								
a) Occu	pants of insured vehicle								
b) Occu	pants of other vehicle								
c) Pedes	strians								

I. Responsibility for accident

2. Details of wi	tness(es)								
Name			Address						
Private tel no	Busines	s tel no		Mobile tel no		emai	I		
Was this witne	ss in the insured vehicle?					· ·	/es	No	
3. Details of wi	tness(es)								
Name			Address						
Private tel no	Busines	s tel no		Mobile tel no		emai	I		
Was this witness in the insured vehicle? Yes								No	
4. a) Did a traff	4. a) Did a traffic or police officer attend the accident? or Yes No								
b) Did you re	port the incident to the police	?				· ·	ſes	No	
If "Yes" to a)	or b), please provide details ab	out the traf	fic / police office	er:					
Name		Number		Where stati	oned				
5. Was it alleged that anyone was under the influence of intoxicating liquor or drugs? Yes No									
lf so, who?									
6. Was a writte	6. Was a written statement made to the traffic or police officer? Yes No								
If "Vee" places attach conv of atotomout									

'Yes" please attach copy of statement.

J. Signature and declaration

I/we declare that:

- The information and answers given above are correct to the best of my/our knowledge and belief. 1.
- 2. I/we understand the claim may be refused or reduced if information is withheld.
- 3. I/we hauthorise 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.

Insured	Driver				
Signature	Signature				
Date	Date				

Fiji

QBE Insurance (Fiji) Limited

Suva Tel: + 679 331 5455 Fax: + 679 330 0285 email: info.fiji@qbe.com qbepacific.com

Papua New Guinea QBE Insurance (PNG)

Limited

QBE Centre, 33 Victoria Parade QBE Building, Musgrave Street Panatina Plaza, Prince Philip Port Moresby Tel: +675 321 2144 Fax: +675 321 4756 Email: info.png@qbe.com qbepacific.com

Solomon Islands

QBE Insurance (International) Pty Limited

Highway, Honiara Tel: + 677 388 84 Fax: + 677 388 87 Email: info.sol@qbe.com qbepacific.com

Vanuatu

QBE Insurance (Vanuatu) Limited

Give reasons below.

Level 2, Office 2a - 2c / 2g Tana Russet Complex, Port Vila Tel: + 678 353 00 Fax: + 678 355 10 Email: info.van@qbe.com qbepacific.com