



Motor Vehicle Claim (Non Theft)

Policy Number

Claim Number

The issue of this form does not constitute an admission of liability on the part of the insurer.
Please complete all sections. Important: Attach one quotation from repairer.

INSURED

Name	Surname <input type="text"/>		Given Name(s) <input type="text"/>	
	Address <input type="text"/>		State <input type="text"/>	Postcode <input type="text"/>
Tax Status	Registered Business Yes <input type="checkbox"/> No <input type="checkbox"/>	ABN <input type="text"/>	Taxable <input type="text"/>	% <input type="text"/>
Contact Numbers	Business <input type="text"/>	Private <input type="text"/>		
	Facsimile <input type="text"/>	Mobile <input type="text"/>		

VEHICLE DETAILS

Make of Vehicle <input type="text"/>	Year <input type="text"/> / <input type="text"/> / <input type="text"/>	Registered No. <input type="text"/>
Model <input type="text"/>	Colour <input type="text"/>	Odometer Reading <input type="text"/>
Registered Owner <input type="text"/>	Address <input type="text"/>	
		State <input type="text"/>
		Postcode <input type="text"/>
Do you owe money on your vehicle? No <input type="checkbox"/> Yes <input type="checkbox"/> Give details.		
Name of Lender <input type="text"/>	Address <input type="text"/>	
Account Number <input type="text"/>		

DRIVER DETAILS

Name	Surname <input type="text"/>		Given Name(s) <input type="text"/>	
	Address <input type="text"/>		State <input type="text"/>	Postcode <input type="text"/>
Contact Numbers	Business <input type="text"/>	Private <input type="text"/>		
	Facsimile <input type="text"/>	Mobile <input type="text"/>		
Relationship to Insured <input type="text"/>				
Licence Number <input type="text"/>	Expiry Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>		
How long has the driver been licensed for this type of vehicle? <input type="text"/>		Years <input type="text"/>		
Did the driver drink any alcohol or take any drugs in the 24 hours prior to the accident?			No <input type="checkbox"/> Yes <input type="checkbox"/>	Give details.
<input type="text"/>				
Did the driver undergo a breath test, breath analysis or blood test?			No <input type="checkbox"/> Yes <input type="checkbox"/>	Give details.
What was the reading? <input type="text"/>		(Please attach copy of the certificate.)		

INCIDENT DETAILS

Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Day <input type="text"/>	Time <input type="text"/> am/pm
Where did the incident happen?		
Street <input type="text"/>	Suburb <input type="text"/>	Nearest Cross Street <input type="text"/>

INCIDENT DETAILS *(continued)*

Road surface: Dry Wet Loose
 At the time of the accident the insured vehicle was: Parked Stationary Moving Speed Kph
 Traffic controls: None Stop sign Traffic Lights Roundabout Give way sign Other

Number of other vehicles involved

If applicable, what type of goods were being transported at time of loss?

What happen?

Who was at fault? Surname Given Name(s)

SKETCH DIAGRAM OF ACCIDENT

- Name streets
- Indicate direction of travel
- Your vehicle
- Other vehicle

DAMAGE TO YOUR VEHICLE

Are you claiming for the damage to your vehicle? Yes No

Was the vehicle towed? No Yes Give details.

Name of tow company

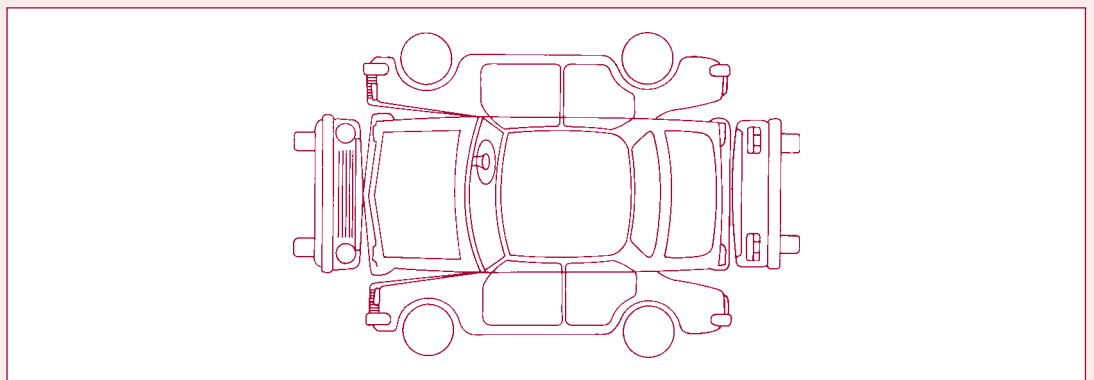
Where was it towed? Distance towed Kms

Where is vehicle now?

SKETCH DIAGRAM

Shade in damage to insured vehicle.

Indicate point of impact (X)



OWNER OF OTHER VEHICLE

Name	Surname <input type="text"/>		Given Name(s) <input type="text"/>	
Address	<input type="text"/>			
	<input type="text"/>		State <input type="text"/>	Postcode <input type="text"/>
Contact Number(s)	Business (<input type="text"/>)	Private (<input type="text"/>)		
Insurance Co.	<input type="text"/>		Policy No.	<input type="text"/>

DRIVER OF OTHER VEHICLE

Name	Surname	Given Name(s)
Address		
	State	Postcode
Contact Number(s)	Business ()	Private ()
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Driver's Licence Number <input type="text"/>
Was the owner in the vehicle at the time of the accident? Yes <input type="checkbox"/> No <input type="checkbox"/>		
IF THERE IS MORE THAN 1 OTHER VEHICLE INVOLVED PLEASE ATTACH DETAILS.		

OTHER VEHICLE

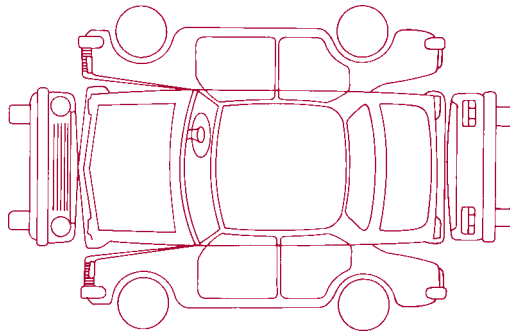
Registration No.	<input type="text"/>	Year of Manufacture	<input type="text"/>	Make of vehicle	<input type="text"/>
Model	<input type="text"/>			Colour	<input type="text"/>

DAMAGE TO OTHER VEHICLE

SKETCH DIAGRAM

Shade in damage to insured 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

POLICE

Did police attend the accident scene, No Yes or did you report the incident to the police? No Yes Give details.

Name	Rank
Station	
Date of report	<input type="text"/> / <input type="text"/> / <input type="text"/> (Please attach a copy of the Police Report.)
Name of person to be charged or cautioned	<input type="text"/>
Nature of charge or caution	<input type="text"/>

WITNESS(ES) DETAILS

Name	Surname	Given Name(s)
Address		
	State	Postcode
Contact Number(s)	Business ()	Private ()
Was this witness in the insured vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>		

WITNESS(ES) DETAILS (continued)

Name	Surname	Given Name(s)	
Address			
		State	Postcode
Contact Number(s)	Business ()	Private ()	
Was this witness in the insured vehicle?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

OWNER(S) AND DRIVER HISTORY

In the last 5 years have you as owner or the driver of this vehicle:

- Had an insurance refused, declined or cancelled by an insurer or any special conditions imposed? Yes No
- Been convicted or charged with:
 - Drug use, driving under the Influence, or exceeding Prescribed Concentration of Alcohol? Yes No
 - Any driving offences or speeding infringements? Yes No
 - Fraud, arson, theft or any other criminal act? Yes No
- Had a drivers or motorcycle licence cancelled, suspended or endorsed? Yes No
- Had a claim or accident? Yes No
- Had a car stolen or burnt out? Yes No
(include any not reported or not claimed from an insurer)
- Suffered or suffer from impaired eyesight (excluding wearing of glasses), loss of or use of any limb or loss of hearing or from any physical defect or epileptic, diabetic, heart or mental condition? Yes No

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 94	Speeding 80 km in 60 km zone	-	Self
Bill Jones	Apr 95	Hit third party in the rear	XYZ Co	Bill

If there is insufficient space, please attach a sheet with the relevant information.

PRIVACY

Amendments to the Privacy Act 1988 took effect on 21 December 2001. QBE Mercantile Mutual's Our Privacy Promise brochure explains what sort of personal information we collect and hold about you and what we do with that information. Please contact your broker or agent to obtain a copy of Our Privacy Promise. A copy of the brochure may also be obtained from any QBE Mercantile Mutual office or from our website at www.qbemmm.com.au

DECLARATION AND AUTHORISATION

The information and answers given above are true and complete in every detail.

I understand the claim may be refused or reduced if information is withheld.

I authorise that QBE Mercantile Mutual Limited 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	<input checked="" type="checkbox"/>	Date	<input type="text"/>
Signature of Driver	<input checked="" type="checkbox"/>	Date	<input type="text"/>

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

QBE Mercantile Mutual Limited ABN 28 087 142 569 is the agent of the underwriters.
Underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 - 82 Pitt Street Sydney and
Mercantile Mutual Insurance (Australia) Limited ABN 35 000 456 799 - 347 Kent Street Sydney as to 50% each.