



# Motor Vehicle Third Party Claim

The issue of this form does not constitute an admission of liability on the part of the insurer.

Policy Number

Claim Number

**For completion by Third Party Claimant. Important: Attach one quotation from repairer.**

The Insured									
Owner's Name (Block Letters)	Surname				Given Name(s)				
Postal Address							State	Postcode	
Are you registered for GST?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	What is your ABN?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?	No <input type="checkbox"/>			Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?					
	No <input type="checkbox"/>			Yes <input type="checkbox"/> – Specify amount claimed			%		
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?	No <input type="checkbox"/>			Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?					
	No <input type="checkbox"/>			Yes <input type="checkbox"/> – Specify amount claimed			%		
Contact Numbers	Business	( )				Private	( )		
	Facsimile	( )				Mobile			
Name of Hire Purchase or Financiers					Occupation				
Make and Type				Year Model			Date Purchased	/ /	
Purchase Price			Purchased From				Registered No.		
What is the normal use of the vehicle?									

Driver's Particulars									
Full Name (Block Letters)	Surname				Given Name(s)				
Driving Experience	years	Sex		Age		Date of Birth	/ /		
Address							State	Postcode	
Relationship to Owner				Licence Number			Expiry Date	/ /	
Had you consumed any intoxicating liquor or drugs?									No <input type="checkbox"/> Yes <input type="checkbox"/>
Was a Breathalyser Test taken?	No <input type="checkbox"/> Yes <input type="checkbox"/> – analysis statement must be produced								
Date of accident	/	/	Place of accident						
Explain exactly how the accident happened									
Why do you consider the other party was at fault?									
Is Police action being taken?									No <input type="checkbox"/> Yes <input type="checkbox"/> – against whom?

### Driver's Particulars (continued)

Indicate direction of vehicles. Show point of impact X. (1) Represents your vehicle and (2) Represents other vehicle.

Name of your Comprehensive Insurer		Policy No.	
Address of your Insurer			
Third Party (Act)			

### Privacy

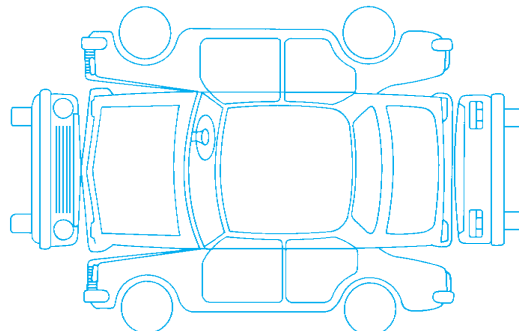
QBE includes information about how we manage your personal information in our Product Disclosure Statements and Policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website [www.qbe.com](http://www.qbe.com) or contact the Compliance Manager on 02 9375 4656 or email [compliance.manager@qbe.com](mailto:compliance.manager@qbe.com) for further information.

### Declaration of Non-Insurance (to be completed, if applicable)

I		of				
declare that on the		day of		in the year of		my
car, registered no.		was not insured under a Policy of Insurance against damage.				
Declared at						
This		day of		in the year of		
Before me				JP/Commissioner for Declaration		
Signature	<b>X</b>					

SKETCH ACCIDENT HERE IF NECESSARY

IN THE DIAGRAM PROVIDED MARK DAMAGED SECTIONS



Where can your vehicle be inspected?			
Was a tow needed?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	- state tow truck operator

## Declaration of Non-Insurance *(continued)*

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 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.**

**Return the completed form to your Financial Services Provider or mail to QBE Insurance, GPO Box 4229, Sydney NSW 2001.**