



Motor Vehicle Theft Claim

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

Policy Number

Claim Number

Please complete all sections.

THE INSURED

Full Name (Block Letters)	Surname	Given Name(s)	
Postal Address	State		Postcode
Company Name (if applicable)			
Are you registered for GST?	No <input type="checkbox"/> Yes <input type="checkbox"/>	What is your ABN?	<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	%	<input type="text"/>
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	%	<input type="text"/>
Contact Numbers	Business ()	Private ()	
	Facsimile ()	Mobile	

VEHICLE DETAILS (Please attach copy of vehicle registration papers)

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"/>		
Registered Owner	<input type="text"/>				
Address	State		Postcode		
Where and when did you buy the vehicle?	Name	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Address	<input type="text"/>	Telephone	() <input type="text"/>		
Amount Paid	\$ <input type="text"/>	Date of Payment	<input type="text"/> / <input type="text"/> / <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"/>	Date of last Payment	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Have any accessories been added or modifications made since the vehicle was purchased? No <input type="checkbox"/> Yes <input type="checkbox"/>					
Give details and attach receipts .					
Description		Purchase Price	Price Paid		
<input type="text"/>		\$ <input type="text"/>	\$ <input type="text"/>		
<input type="text"/>		\$ <input type="text"/>	\$ <input type="text"/>		
<input type="text"/>		\$ <input type="text"/>	\$ <input type="text"/>		

DETAILS OF THEFT

Day and Date of Theft	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
At what time and date was your vehicle left parked?	<input type="text"/> am/pm	<input type="text"/> / <input type="text"/> / <input type="text"/>

DETAILS OF THEFT (continued)

From where was your vehicle taken?

	State	Postcode

Why was your vehicle left there?

Was the vehicle locked?

Yes No

Was a burglar alarm fitted?

Yes No

Was any other protective device fitted?

Yes No

Was it activated?

Yes No

Details of person who left vehicle at this location.

Name	Surname	Given Name(s)	
Address			
	State	Postcode	
Contact Number(s)	Business ()	Private ()	Mobile
Drivers Licence No.			

Who reported the theft to the police?

Name	Surname	Given Name(s)	
Address			
	State	Postcode	
Contact Number(s)	Business ()	Private ()	Mobile
Name of Police Officer	Station		
Date and Time of Report	/ /	am/pm	(Please attach a copy of the Police Report.)

Details of other people who were with person in charge of vehicle at time of theft.

Name	Surname	Given Name(s)	
Address			
	State	Postcode	
Contact Number(s)	Business ()	Private ()	Mobile

Name	Surname	Given Name(s)	
Address			
	State	Postcode	
Contact Number(s)	Business ()	Private ()	Mobile

Please describe in detail the events leading up to and following the theft.

How did you get home after the theft?

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DETAILS OF RECOVERY

Date recovered / / Time recovered am/pm

Date notified of recovery / / Time notified am/pm

Location of vehicle when first found

Nearest cross street

Where is the vehicle now?

If the vehicle is in bush land please attach detailed diagram.

Name of person or police officer who found the vehicle

Telephone ()

DETAILS OF RECOVERY (continued)

Was anybody charged with the theft?

No Yes – Give details

Name

Address

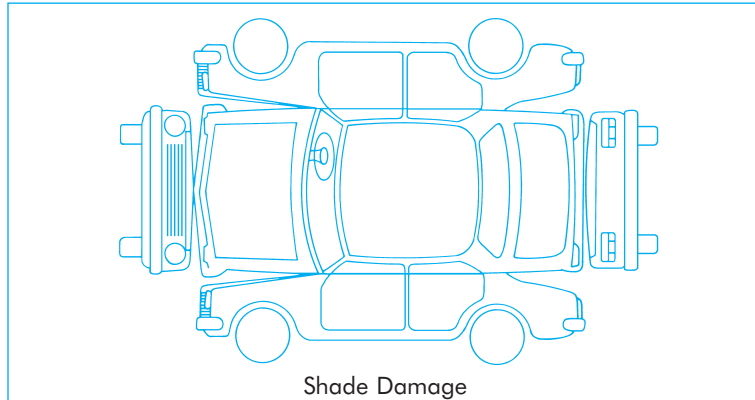
State

Postcode

Have you seen the vehicle since being recovered?: No Yes

Please state type of Damage: Burnt Impact Stripped

Shade areas of damage being claimed



Has the vehicle been towed?

No Yes – Give details

Name of Towing Company

Telephone

()

DETAILS OF LOSSES

Describe any items stolen or damaged	Where located in vehicle	Purchase date	Price paid	Amount claimed
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		/ /	\$	\$

TYRES

Were the tyres stolen or damaged? No Yes – Give details

Make of tyres

Retreads? No Yes

Where purchased

Number of kilometres/miles travelled on these tyres

OWNER(S) AND DRIVERS HISTORY

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

1. Had an insurance refused, declined or cancelled by an insurer or any special conditions imposed? Yes No
2. Been convicted or charged with:
 - a) Drug use, driving under the Influence, or exceeding Prescribed Concentration of Alcohol? Yes No
 - b) Any driving offences or speeding infringements? Yes No
 - c) Fraud, arson, theft or any other criminal act? Yes No
3. Had a drivers or motorcycle licence cancelled, suspended or endorsed? Yes No
4. Had a claim or accident? Yes No
5. Had a car stolen or burnt out? Yes No
(include any not reported or not claimed from an insurer)
6. 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

The QBE 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 Financial Services Provider to obtain a copy of the QBE Privacy Promise Brochure. A copy of the brochure may also be obtained from any QBE Commercial office or from our website at www.qbecommercial.com

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 Insurance (Australia) 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

Date / /

Signature of Driver

Date / /

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