



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 <input type="text"/>
			Postcode <input type="text"/>
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	() <input type="text"/>	Private () <input type="text"/>
	Facsimile	() <input type="text"/>	Mobile <input type="text"/>

Vehicle Details (Please attach copy of vehicle registration papers)			
Make of Vehicle	Year	/ /	Registered No.
Model	Colour		
Registered Owner			
Address			State <input type="text"/>
			Postcode <input type="text"/>
Where and when did you buy the vehicle?			/ /
Address			
Telephone ()	Amount Paid \$		Date of Payment / /
Do you owe money on your vehicle?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Give details		
Name of Lender	Account Number		
Address		Date of last Payment	/ /
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	
	\$	\$	
	\$	\$	
	\$	\$	

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

Details of Theft (continued)

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 Numbers	Business	()	Private	()	Mobile
Drivers Licence No.					

Who reported the theft to the police?

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

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

How did you get home after the theft?

Details of Recovery

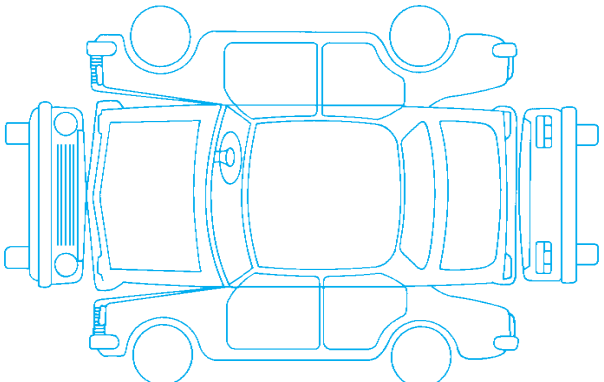
Date recovered	/ /	Time recovered	am/pm
Date notified of recovery	/ /	Time notified	am/pm
Location of vehicle when first found			
Nearest cross street			
Where is the vehicle now?			

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

Name of person or police officer who found the vehicle		
	Telephone	()

Was anybody charged with the theft? No Yes – Give details

Details of Recovery (continued)

Name	Surname			Given Name(s)		
Address				State		Postcode
Have you seen the vehicle since being recovered?						No <input type="checkbox"/> Yes <input type="checkbox"/>
Please state type of Damage: Burnt <input type="checkbox"/> Impact <input type="checkbox"/> Stripped <input type="checkbox"/>						
Shade areas of damage being claimed						
Shade Damage						
Has the vehicle been towed?						No <input type="checkbox"/> Yes <input type="checkbox"/> – 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 Driver 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? (include any not reported or not claimed from an insurer) Yes No
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 04	Speeding 80km in 60km zone	-	Self
Bill Jones	Apr 05	Hit third party in the rear	XYZ Co	Bill

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

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 or contact the Compliance Manager on 02 9375 4656 or email compliance.manager@qbe.com for further information.

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 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.

This Policy is underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 of 82 Pitt Street, Sydney.