



# 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	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"/>
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	
Name of Hire Purchase or Financiers			Occupation	
Make and Type	<input type="text"/>	Year Model	<input type="text"/>	Date Purchased <input type="text"/> / <input type="text"/> / <input type="text"/>
Purchase Price	<input type="text"/>	Purchased From	<input type="text"/>	Registered No. <input type="text"/>
What is the normal use of the vehicle? <input type="text"/>				

## DRIVER'S PARTICULARS

Name	Surname		Given Name(s)	
Driving Experience	Years	Sex	Age	Date of Birth / /
Address	State		Postcode	
Relationship to Owner	<input type="text"/>	Licence No.	<input type="text"/>	Expiry Date <input type="text"/> / <input type="text"/> / <input type="text"/>
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	<input type="text"/> / <input type="text"/> / <input type="text"/>	Place of accident	<input type="text"/>	
Explain exactly how accident happened				
<input type="text"/>				
Why do you consider the other party was at fault <input type="text"/>				
Is Police action being taken? No <input type="checkbox"/> Yes <input type="checkbox"/> – against whom? <input type="text"/>				

## 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

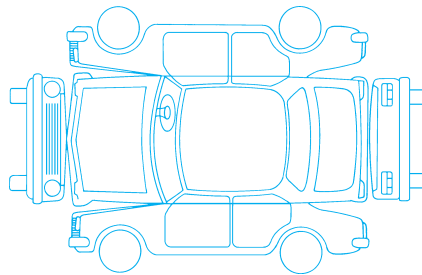
The QBE Privacy Promise Brochure explains what sort of personal information we collect and hold about you and what we do with that information. Please contact your Financial Services Provider to obtain a copy of the QBE Privacy Promise Brochure. A copy of the brochure may also be obtained from any QBE Commercial office or from our website at [www.qbecommercial.com](http://www.qbecommercial.com)

## 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

SKETCH ACCIDENT HERE IF NECESSARY

IN THE DIAGRAM PROVIDED MARK DAMAGED SECTIONS.



Where can your vehicle be inspected?   
Was a tow needed? No  Yes  – state tow truck operator   
Signature   Date  /  /

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

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