



CLAIM FORM

Motor (Third Party Property Damage)

Assetinsure Pty Ltd
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CLAIM FORM – Motor (Third Party Property Damage)

This form is issued to enable you to lodge a written statement of claim. It does not constitute an admission of liability on behalf of Assetinsure.

IMPORTANT NOTICE

This form is to be completed by the Third Party Claimant. Please attach one quotation from a reputable repairer.

Please read the Claim Form fully before answering the questions.

Please answer all questions relating to your claim as fully as possible. Please use the blank page at the end of this document if there is insufficient space for any of your answers or for any further comments.

DETAILS OF CLAIMANT

1. Full Name

Address

Suburb

State

Postcode

Occupation:

Telephone

xx xxxx xxxx or xxxx xxx xxx

Fax

xx xxxx xxxx or xxxx xxx xxx

Email Address

Claim Number

(if known)

ABN

2. Are you registered for GST purposes? Yes / No

3. Have you claimed, or are you entitled to claim, an ITC for the repairs or replacement to your vehicle? Yes / No

Please specify your percentage entitlement. %

DETAILS OF ACCIDENT AND DAMAGE

1. Date of accident Time :

dd/mm/yyyy

2. Driver's Name

3. Driver's Age Licence Class

4. Driver's Address

Suburb

State

Postcode

Phone Number:

xx xxxx xxxx or xxxx xxx xxx

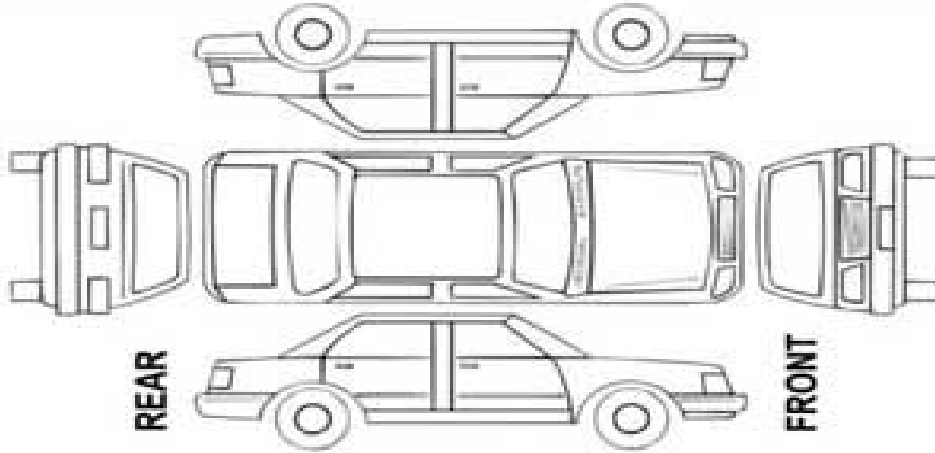
Mobile

xx xxxx xxxx or xxxx xxx xxx



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14. Please indicate the areas of damage to your vehicle on the diagram below



15. Was your vehicle towed from the accident scene? Yes / No

If YES, please provide:

Repair shop name

Phone Number

xx xxxx xxxx or xxxx xxx xxx

PLEASE ATTACH RECEIPT

16. Have you obtained a quotation for repair to your vehicle? Yes / No

If YES, PLEASE ATTACH A COPY

17. Did the Police attend the accident? Yes / No

If YES, please provide

Name of Station

Officer's name

18. Was the accident reported to a Police Station? Yes / No

If YES, please provide

Name of Station

Officer's name

Report Number

Date Reported



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19. Was the driver breathalysed or undergo a blood test? Yes / No
If YES, what were the results?

Did the Police charge either of the drivers with an offence(s) or indicate that charges would be laid? Yes / No
If YES, please provide details:

20. Why do you consider our insured is at fault?

WITNESS DETAILS

Type of witness: Passenger in your vehicle Independent eye witness

- 1. Name
- 2. Age
- 3. Address

Suburb State Postcode
Phone Mobile
xx xxxx xxxx or xxxx xxx xxx xx xxxx xxxx or xxxx xxx xx

Type of witness: Passenger in your vehicle Independent eye witness

- 1. Name
- 2. Age
- 3. Address

Suburb State Postcode
Phone Mobile
xx xxxx xxxx or xxxx xxx xxx xx xxxx xxxx or xxxx xxx xx



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OUR INSURED'S DETAILS

1. Full Name

2. Address

Suburb

State

Postcode

3. Registration Number

Make of Vehicle



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ADDITIONAL INFORMATION



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Complaints - Dispute Resolution

If you do not agree with any decision we make in relation to your claim or are dissatisfied with the handling of your claim or the services of our loss adjuster or investigator, please write to us stating the nature of your complaint and the reasons why.

We will try to resolve the complaint immediately. If the complaint cannot be resolved Assetinsure provides an internal dispute resolution process should a dispute arise. For details contact Assetinsure's Compliance Manager Assetinsure Pty Ltd, 44 Pitt Street, Sydney or ringing (02) 9251 8055.

If you are not satisfied with the decision of the Internal Dispute Resolution Committee, the matter may be referred to an independent alternative dispute resolution body, the Financial Ombudsman Service (FOS), subject to eligibility.

Financial Ombudsman Service
GPO Box 3
Melbourne VIC 3001
1300 78 08 08 (National Toll Free)
Tel: (03) 9613 6300
Fax: (03) 9613 6390

Privacy Policy

Assetinsure is committed to safeguarding and protecting the privacy of personal information. We are bound by the provisions of the Privacy Act 1988 which sets out the standards to be met in the collection, use and disclosure of personal information.

If you require further information about our Privacy Policy, please refer to the detailed information on our website - www.assetinsure.com.au/interest.asp

If you want to access your personal information held by Assetinsure or wish to make a complaint in relation to privacy issues please contact us either electronically: info@assetinsure.com.au or complaints@assetinsure.com.au or at the address shown in this document.

General Insurance Code of Practice

Assetinsure has adopted the General Insurance Code of Practice which stipulates minimum standards of service to our clients. If you would like further information in regard to the Code of Practice please refer to the Code of Practice website - www.codeofpractice.com.au or our own website - www.assetinsure.com.au/interest.asp

C. DECLARATION

On behalf of the Insured, I declare the above answers to be true and correct in every particular and acknowledge that Assetinsure may make its decision on indemnity having regard to these answers.

I consent to Assetinsure using the personal information which I have provided on this form for the purposes of processing this claim. I understand that if I choose not to provide the required details, Assetinsure may not be able to process this claim.

I consent to Assetinsure disclosing my personal information to other insurers, an insurance reference service, or as required by law. I also consent to Assetinsure disclosing my personal information to, and/or collecting information about me, from third parties such as investigators or legal advisers. Where I have provided information about another individual (for example an employee or client), I declare that the individual has or will be made aware of that fact. If you accept this statement, tick the box and complete the fields below.

Name

Date

dd/mm/yyyy