



MB INSURANCE GROUP PTY LIMITED

AFS Licence No. 243522 ABN 96 070 982 106

A Member of the Dexta Group of Companies

CLAIM FORM

Failure to complete form may result in delay

HOW TO GET QUICK ACTION ON YOUR CLAIM

You can help us to act quickly for you, if you:

1. Print your answers to questions.
2. Make sure that you give us ALL the details about your claim.
3. Send us all quotations which you have received for repairs.
4. Be ready to give any information and documents that we may ask for.
5. Forward any letter of demand or other correspondence that you may receive from any third party.

1. POLICY HOLDER

Full Name of Policy Holder: _____

Postal Address: _____

Are you registered for GST purposes? No Yes

What is your ABN _____

Have you claimed an input tax credit on GST against this policy? No Yes

Is the amount you claimed for input tax credit less than 100% of the GST applicable to the premium? No Yes

Specify % amount claimed _____

2. DRIVER *N.B. Attach photocopy of Licence*

Surname: _____ Given Names: _____ D.O.B.: _____

Phone (H): _____ (W): _____ Fax: _____

Licence No.: _____ Class: _____ Expiry Date: _____

Was the driver authorised to use the vehicle? YES / NO

3. VEHICLE

Make: _____ Model: _____ Type: _____ Year: _____

Engine No.: _____ Reg. No.: _____ VIN. No.: _____

Vehicle driveable following accident? YES / NO

If NO, Towing Company: _____ Has account been paid? YES / NO

When and where will the vehicle be available for assessment?: _____

Has the vehicle been modified from original specifications?: _____

Is the vehicle subject to any finance agreement?: _____ Odometer Reading (at time of accident): _____

4. INCIDENT

Date: _____ Time: _____ am/pm

Location – Street: _____ Suburb: _____ Postcode: _____

For what purpose was the vehicle being used?: _____

Were seatbelts in use in your vehicle? YES / NO Alcohol / drugs consumed in the last 24 hours? YES / NO

Speed of your vehicle at time of accident: _____ kms p/hr Speed limit for the area: _____ kms p/hr Speed of the other vehicle: _____ kms p/hr

In your opinion, was the accident your fault? YES / NO If NO, give reason: _____

Did the other driver admit liability? YES / NO

Was the accident reported to the Police? YES / NO

Police Officer's Name: _____

Police Station: _____

Did the Police attend the scene of the accident? YES / NO

Were driver(s) subject to breathalyser? YES / NO

Result of Breathalyser: _____

Was anyone injured in any vehicle in the accident? YES / NO

If YES, provide full name and details: _____

Supply details of any Police charge against any driver(s): _____

5. THEFT *N.B. Attach photocopy of Registration Papers*

Date and time theft discovered: _____ Name of last person to use vehicle: _____

Address of last person to use the vehicle: _____

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

Who discovered the theft?: _____

Has the vehicle been recovered? YES / NO

If YES, when and by whom?: _____

Was the vehicle locked? YES / NO

Was the required security system fitted? YES / NO

If YES, was it activated?: _____

Type of security system: _____

Location at time of theft: _____

Reason vehicle was left at this location: _____

How did driver travel home following theft?: _____

Was the theft reported to the Police? YES / NO

Police Officer's Name: _____

Police Station: _____

Details of damage to vehicle: _____

6. INDICATE DAMAGED AREA Tick as applicable

- Left Side Right side Front Front left Front right
- Interior Rear Rear left Rear right Nil

7. ACCIDENT CAUSE / ACCIDENT ENVIRONMENT / DRIVING CONDITIONS Tick as applicable

- Damaged whilst parked Changing lanes Hit rear Head on collision Reversing Lost control
- Pulling away from kerb Malicious damage Hit object Unsafe overtaking U-turn Right of way
- Traffic controls (facing driver): Traffic lights Give way Roundabout Stop Nil

8. DESCRIPTION OF EVENT (If insufficient space please attach a separate sheet)

State fully and clearly how accident occurred _____

9. DESCRIPTION OF ACCIDENT (If insufficient space please attach a separate sheet)

Please draw a sketch of the accident site. Show Street Names, Stop, Give Way, Other Road Signs, Traffic Lights, Road Markings, etc.

Show your vehicle Show other vehicles

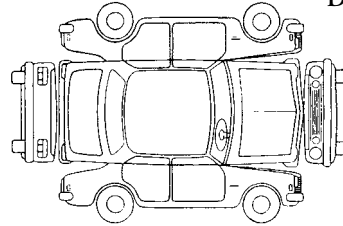


Diagram of damage

10. DRIVER OF OTHER VEHICLE

Surname: _____ Given Names: _____
 Address: _____
 Phone (H): _____ (W): _____ Licence No.: _____
 Occupation: _____ Approx. Age: _____
 Name of Registered Owner: _____ Phone: _____
 Address: _____
 Vehicle Make: _____ Model: _____ Type: _____ Year: _____
 Reg. No.: _____ Insurance Company: _____ Policy No.: _____
 Damage to vehicle: _____

11. WITNESS TO INCIDENT

Surname: _____ Given Names: _____
 Address: _____
 Phone (H): _____ (W): _____

12. DECLARATION AND SIGNATURE OF DRIVER

I/We declare that the foregoing details are correct and not misrepresented in any way.
 I/We hereby authorise you as my/our agent to remove the vehicle to any place of storage or repair and take any other action you consider necessary to implement repair or reinstatement of vehicle.
 I/We hereby authorise MB Insurance Group Pty Ltd or its agents to obtain or provide information or documents in relation to this claim from or to another insurance company or an insurance reference bureau or similar organisation.

Name and Signature of Driver: _____

Name and Signature of Policy Holder: _____ Date: ____ / ____ / ____

Privacy - We are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim only for the purpose of assessing and managing the claim. We may need to provide that information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with the claim. We will not trade, rent or sell your information.

If you don't provide us with complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time. If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters. For more information about our Privacy Policy, ask us for a copy.

MB Insurance claims officers are able to assist with any queries relating to your claim. Please contact our office for assistance. If you have an unresolved complaint or dispute you should first take this up with the manager.

If you are unable to resolve your concerns with the manager you should contact the MB Insurance Consumer Relations area in Sydney on the toll free number 1300 651 004 or you may request your concerns be directed straight to the Consumer Relations section at the Head Office of the insurer on (03) 9855 5640.

Another option available to you if you are not satisfied with the outcome is to contact the Insurance Ombudsman Service Limited. This independent service is provided to the insuring public at no cost and aims to resolve complaints quickly and informally. The telephone number for this independent service is 1300 780 808.

Returning Address:
 The Claims Manager
 MB Insurance Group Pty. Ltd.
 Level 1, 30 Atchison Street
 P.O. Box 361
 St Leonards NSW 1590

Phone: (02) 9966 9777
Fax: (02) 9966 9911
Toll Free: 1300 651 004