Motor fleet claim

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545

QBE

Mandatory Fields - Questions marked with a '' are required.

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

Policy number AVLEASENOMVF **Claim number**

Please complete all sections.

The insured*

Insured name *(Block letters)*	LEASE EXPRESS PTY LTD				
Division		Cost centre			
Postal address		State		Postcode	

Insured vehicle details*

Make of vehicle		Year		Registered number	
Model		Colour		Odometer reading	
Registered owner					
GVM*		State the vehicle is registered in*			

Are you registered for GST?* Yes ☐ No ☐ What is your ABN?

Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?* Yes ☐ No ☐ – Will you be claiming an amount less than 100%?

Yes ☐ No ☐ – Specify amount claimed %

Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?* Yes ☐ No ☐ – Will you be claiming an amount less than 100%?

Yes ☐ No ☐ – Specify amount claimed %

Contact details	Business	( )	Private	( )
	Email		Mobile	

Driver details

Full name *(Block letters)*	*Surname*		*Given name(s)*				
Address							
			State		Postcode		
Contact	Mobile		Business	( )			
	Email						
Relationship to insured		How long has the driver been licensed for this type of vehicle?		years			
Licence number	Number*		Class*		Expiry date	/ /	Date of birth / /

Did the driver drink any alcohol or take any drugs in the 24 hours prior to the accident? No ☐ Yes ☐ – Give details

Did the driver undergo a breath test, breath analysis or blood test? No ☐ Yes ☐ – Give details

What was the reading? *(Please attach copy of the certificate.)*

Incident details

Date / / Day Time am ☐ pm ☐

Where did the incident happen?

Street Suburb Nearest cross street

Road surface Dry ☐ Wet ☐ Loose ☐ Number of other vehicles involved

At the time of the accident the insured vehicle was: Parked ☐ Stationary ☐ Moving ☐ Speed

Traffic control: None ☐ Stop sign ☐ Traffic lights ☐ Roundabout ☐ Give way sign ☐ Other ☐

Incident details

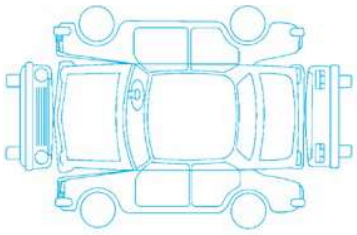
What happened?

Who was at fault?	*Surname*	*Given name(s)*

SKETCH DIAGRAM OF ACCIDENT

1. Name streets
2. indicate direction of travel
3. Your vehicle ☒
4. Other vehicle ☐

SHADE IN DAMGE TO VEHICLE



Indicate point of impact (X)

Third party owner details

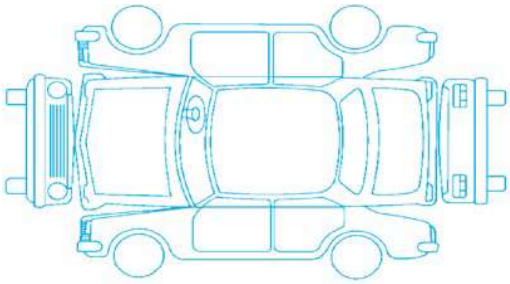
	Surname		*Given name(s)*			
Owner name						
Address						
				State		Postcode
Contact numbers	Mobile		Private	( )		
Insurance company			Policy number			
Registration number		Year of manufacture		Make of vehicle		
Model		Colour				

Damage to third party vehicle

SKETCH DIAGRAM

Shade in damage to vehicle

Indicate point of Impact (X)



Police

Did a Police Officer attend the accident scene, No ☐ Yes ☐ or did you report the incident to the policy? No ☐ Yes ☐ – Give details

Name		Rank	
Station			
Date reported	/ /	Event number	

Name of person to be charged or cautioned and nature of charge

Witness(es) details

Driver name	*Surname*		*Given name(s)*			
Address				State		Postcode
Contact numbers	Mobile		Private	( )	Email	

Was this witness in the insured vehicle? No ☐ Yes ☐

This Policy is underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 of 388 George St, Sydney, NSW 2000.

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 in writing, to The Compliance Manager, QBE Insurance (Australia) Limited, GPO Box 82 Sydney NSW 2001 or email: compliance.manager@qbe.com.

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 driver insured X

Date / /