



New England Insurance Brokers Pty Ltd
ABN 82 071 530 839 AFSL 244 247

Live *free* Ride *free* Motorcycle Claim Form



Insurance Australia Limited
ABN 11 000 016 722 AFSL 227681
trading as CGU Insurance

If there is damage to your motorcycle

When you call, we will:

- ☒ arrange to send you our Claim Form
- ☒ ask you to take your motorcycle if not able to be safely ridden to be delivered to the repairer of your choice
- ☒ ask you to take your motorcycle if able to be safely ridden to the repairer of your choice
- ☒ ask you to arrange for the repairer to provide a complete quote to repair the damage
- ☒ arrange to have the motorcycle returned to the owner after it is repaired
- ☒ provide a guarantee for all repairs carried out to your motorcycle
- ☒ ask you to complete the claim form, and post or email it including a legible copy of your driver's licence & motorcycle registration papers (include any correspondence received from the other party as well) to New England Insurance Brokers Pty Ltd.

If there is no damage to your motorcycle

When you call, we will:

- ☒ arrange to send you our Claim Form
- ☒ ask you to complete the claim form, and post or email it including a legible copy of your driver's licence & motorcycle registration papers (include any correspondence received from the other party as well) to New England Insurance Brokers Pty Ltd.

Privacy

We respect your privacy and we comply with the Privacy Act and the National Privacy Principles. A copy of our Privacy Statement is available at any of our offices.

Complaints procedure

If you do not agree with any decision we make in relation to the Policy, please write to us stating what you disagree with and why.

We will then resolve or attempt to resolve your complaint immediately or we will refer the matter to our Internal Dispute Resolution Committee (IDRC).

If you are not satisfied with a Claim decision by the IDRC, the matter may be referred to an *independent* dispute resolution body, the Financial Ombudsman Service Australia (FOS), provided the matter falls within their jurisdiction.

The *Insurance Contracts Act 1984* (as amended) requires you to provide all information which CGU Insurance may reasonably require, and stipulates that any omission may adversely affect the cover under your Policy.

If you would like more information on your Duty of Disclosure (or any other aspect), please contact your broker or New England Insurance Brokers Pty Ltd.

New England Insurance Brokers Pty Ltd

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STANTHORPE QLD 4380
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Fax: (07) 4681 2427
Email: claims@neib.com.au
Web: <http://www.neib.com.au>

Click on the fields to complete online, then print and complete diagram in Section 8 in black or blue pen and sign
or
Print and complete all sections in black or blue pen.

SECTION 1: INSURED DETAILS

Insured Name: _____
Address: _____ Postcode: _____
Policy number: _____ Mobile: _____
Phone number: _____ Email: _____

Goods and Services Tax:

(a) Australian Business Number (ABN), if applicable: _____
(b) entitlement to an Input Tax Credit in respect of:
(i) Insurance premium _____%; and (ii) motorcycle which is the subject of this claim _____%.

SECTION 2: INSURED MOTORCYCLE DETAILS

Year: _____ Make: _____ Model: _____ Colour: _____
Reg. No: _____ Engine No: _____ VIN: _____

Finance company (if applicable): _____

Use of the motorcycle at the time of the loss/damage (please tick):

Private Business Tour Operating Guided Self-Riding Tours

SECTION 3: CLAIM DETAILS

Collision (go to Section 4) Theft (go to Section 6) Hail / Fire / Flood / Windscreen (go to Section 8)

SECTION 4: RIDER DETAILS Insured Family member Other (Please describe) _____

Name: _____
Address: _____ Postcode: _____
Phone number: _____ Mobile: _____
Date of birth: _____ Drivers licence number: _____
Class: _____ Expiry Date: _____
Years licensed for this class of cycle: _____

Has the rider attended a company-sponsored rider-training course within the last two years? Yes No

Did the rider consume any alcohol or take any drugs within the 12 hours prior to the collision? Yes No

If **Yes**, please state how much and when: _____

Was the rider sober at the time of the collision? Yes No

Did the rider undergo a breath or blood test? Yes No

If **Yes**, please state the result: _____

SECTION 5: THIRD PARTY DETAILS

Driver's/Rider's name: _____
Driver's/Riders address: _____ Postcode: _____
Driver's/Rider's phone number: _____ Mobile: _____
Date of birth: _____ Driver's licence number: _____ Expiry Date: _____
Registered owner: _____
Owner's address: _____ Postcode: _____
Owner's phone number: _____ Mobile: _____
Year: _____ Make: _____ Model: _____ Colour: _____
Registration number: _____ VIN/Chassis No: _____
Insurance company: _____ Policy No: _____
Area of damage to the other vehicle: _____
Estimated cost of damage: _____

SECTION 6. WITNESS TO THE COLLISION / THEFT

Name: _____
Address: _____ Postcode: _____
Phone number: _____ Age: _____

SECTION 7. POLICE INVOLVEMENT

Did the Police attend the collision / theft scene? Yes No
If **No**, was the incident reported to Police? Yes No
If **Yes**, which Police Station? _____
Attending Officer's Name/No: _____ Incident Report No: _____
Who do the Police consider was at fault? _____

SECTION 8. DETAILS OF THE LOSS / DAMAGE

Date: ____ / ____ / ____ Time: ____ am/pm

Where did the loss / damage occur? _____

Who do you consider responsible for the loss / damage, and why? _____

Describe the weather at the time of the loss / damage. _____

What speed were the vehicles travelling at the time of the loss / damage occurring?

Your vehicle: _____ km/h Other vehicle: _____ km/h

Section 8 continues overleaf

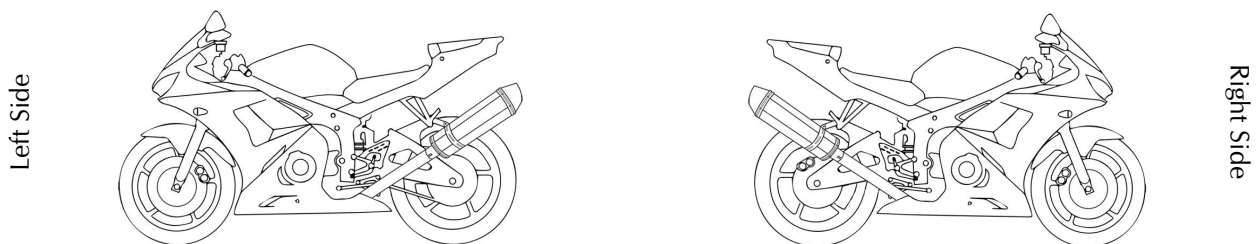
SECTION 8 (Continued)

Describe how the loss / damage occurred. _____

Was there any damage to your vehicle prior to this loss/damage occurring? Yes No

If **Yes**, please provide details. _____

Please indicate on the diagram below, the area of damage to your motorcycle.



If your vehicle was damaged in a collision, please draw a diagram of the incident.

Legend	
○	Stop Sign
×	Traffic Lights
▽	Give Way Sign
■	Your Bike
□	Other Vehicles

Was your vehicle towed from the accident scene? Yes No

If yes, by whom and to where was it towed? _____

Is your vehicle currently at a repair shop? Yes No

If yes, at which repair shop and their address? _____

_____ Postcode: _____

If no, please provide contact details so we may arrange to assess damage to your vehicle. _____

_____ Postcode: _____

SECTION 9: DECLARATION

This information is, to the very best of my knowledge, true in every respect.

Signature of Rider

Signature of Owner (if different)

Date (dd/mm/yyyy)