



MOTORCYCLE INSURANCE THEFT CLAIM FORM

PO BOX 6156, NORTH SYDNEY, NSW 2059 PHONE: 1300 960 248 EMAIL: CLAIMS@NATIONALMOTORCYCLEINSURANCE.COM.AU

- Please ensure that all questions are answered in full in as much details as possible.
- We ask that you return this completed claim form with any further requested information

SECTION 1: INSURED DETAILS

Name: _____ Surname: _____
Address: _____
Postcode: _____
Email: _____
Phone: _____ Mobile: _____
Company name: _____
Policy Number: _____

SECTION 2: INSURED MOTORCYCLE DETAILS

Make: _____ Sum Insured: _____ Chassis number: _____
Model: _____ Registration number: _____ Engine number: _____
Year: _____ Speedo reading: _____
List of modifications or accessories: _____

SECTION 3: THEFT DETAILS

Date of Theft Discovery: _____ Time of Theft Discovery: _____
Where was the Motorcycle stolen from: _____

MOTORCYCLE PARKING DETAILS

Date Parked: _____ Time Parked: _____

WHO LAST SAW THE MOTORCYCLE AND WHEN

Name: _____ Relationship to insured: _____
Address of Contact: _____ Contact's phone number: _____
Date Motorcycle was sighted by Contact: _____ Time: _____
How was the Motorcycle secured when parked: _____

MOTORCYCLE PURCHASE DETAILS

Name of Seller: _____ Phone: _____
Address: _____ Date of Purchase: _____ Purchase Price: _____

Do you owe money on the motorcycle: Yes No Lender: _____
Balance owing: _____ Account Number: _____
How many sets of keys were supplied when you purchased the motorcycle: _____
Name of person in possession of keys: _____ Phone: _____
Address: _____
Where are the keys now: _____

SECTION 4: DETAILS OF LAST RIDER OF THE INSURED MOTORCYCLE

PLEASE PROVIDE A PHOTOCOPY OF THE RIDERS MOTORCYCLE LICENCE WITH THIS CLAIM FORM.

Name: _____ Phone: _____
Address: _____ Date of Birth: _____
Licence number: _____ Licence expiry: _____

Have you ever had any motor vehicle stolen? Yes No

If yes, please provide details: _____

Have you ever had any prior theft claims? Yes No

If yes, please provide details: _____

Have you ever lost your licence? Yes No

Have you ever had any traffic offences, fines or infringements? Yes No

If yes, details: _____

SECTION 5: POLICE OR TRAFFIC OFFICER DETAILS

PLEASE PROVIDE A PHOTOCOPY OF THE RIDERS MOTORCYCLE LICENCE WITH THIS CLAIM FORM.

Did police attend?: Yes No

Police station and officer details: _____

If the police did not attend the scene was the incident reported?: Yes No

Police reference number: _____

SECTION 6: WITNESS DETAILS

Name: _____ Phone: _____

Address: _____

Postcode: _____

Name: _____ Phone: _____

Address: _____

Postcode: _____

SECTION 7: OTHER PROPERTY DAMAGED/STOLEN

Damage to property (buildings, fences etc)

Damage to personal property:

Theft of personal property:

SECTION 8: ADDITIONAL MOTORCYCLE INFORMATION AND INJURIES

Is the motorcycle used for personal use?

Yes No

If no, what is the motorcycle used for?:

Was the motorcycle in good working condition with no pre-existing damage?:

Yes No

If no, please provide details of any pre-existing damage:

Any Injuries:

Yes No

Details of Injuries:

SECTION 9: PRIVACY COLLECTION STATEMENT

We are committed to protecting your privacy. We collect the personal information we need to assess insurance applications, provide quotations, issue insurance policies and assess claims made under them. We may not be able to do these things if you don't provide the information we need.

We provide your personal information to the insurer that underwrites your insurance and our related companies. We provide your name and policy number to any intermediary that arranged your policy or referred you to us. We may also provide relevant personal information to our trusted suppliers including financiers, loss adjusters, assessors, surveyors, repairers, professional advisers, document storage centres and IT service providers. Depending on the nature of your claim, we may also need to provide relevant personal information to authorities (such as the police, licensing and registration bodies and the Australian Financial Security Authority) and to other insurers in the event of recovery or litigated action.

We may use your contact details to send you marketing communications that we believe will be of interest to you. You can opt out from receiving these at any time.

Our Privacy Policy contains more information about how we manage your information including how you can access it, ask us to correct it or make a privacy related complaint. This is available free of charge on our website and on request by telephone: (02) 8920 1157 or email: contact@nminsure.com.au.

If this Claim Form includes personal information such as names, addresses etc of any other person, you must ensure that you have that person's consent to provide this information to us and that you provide them with the information in this Privacy Collection Statement.

SECTION 10: DECLARATION

I / we have read and understood the above Privacy Collection Statement. I/we hereby declare that the foregoing particulars to be true and correct and I/we undertake to render every assistance in my/our power in dealing with this matter.

Signature of The Insured:

Name:

Date: /



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National Motorcycle Insurance

A business name of NM Insurance Pty Ltd

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