

## Motorcycle Claim Form – Theft

### OWNER'S DETAILS (The issue of this form is not an admission of liability)

|   |                   |  |                      |                              |                             |
|---|-------------------|--|----------------------|------------------------------|-----------------------------|
| Full Name   |                   |  |                      |                              |                             |
| Address:  |                   |  |                      |                              |                             |
| State:  |                   | Postcode:                                  |                      | Telephone No:                |                             |
| Mobile No:  |                   |  |                      | Email Address:               |                             |
| Are you the Registered Owner?   |                   |  |                      |                              |                             |
| Are you the Original Owner?   |                   |  |                      |                              |                             |
| Has the Owner ever been charged with the following? (If YES, please provide details below)                                  |                   |  |                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Nature of Offence   | Date of Offence   | Amount of Fine                             | Period of Suspension |                              |                             |
| Speeding  |                   | \$   |                      |                              |                             |
| D.U.I.  |                   | \$   |                      |                              |                             |
| Excess 0.05   |                   | \$   |                      |                              |                             |
| Refusing Breath Test  |                   | \$   |                      |                              |                             |
| Dangerous Driving   |                   | \$   |                      |                              |                             |
| Other   |                   | \$   |                      |                              |                             |
| Has the Owner been involved in any Motor vehicle/cycle accident or theft, or made any insurance claims in the last 5 years? |                   |  |                      | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Date of incident  | Insurance Company | Description of Loss                        | Amount Claimed       |                              |                             |
|   |                   |  | \$                   |                              |                             |
|   |                   |  | \$                   |                              |                             |
| Has the Owner ever been refused Motor vehicle/cycle insurance or had a policy declined or cancelled?                        |                   |  |                      | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Date  | Insurance Company | Reason                                     |                      |                              |                             |
|   |                   |  |                      |                              |                             |
|   |                   |  |                      |                              |                             |
| <b>GST</b>  |                   |  |                      |                              |                             |
| Are you registered for GST  |                   |  |                      | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If YES, please enter the Australian Business Number (ABN) and Input Tax Credit (ITC) entitlement percentage below           |                   |  |                      |                              |                             |
| ABN:  |                   | ITC% (at start of current period of cover) |                      |                              |                             |

If you fail to advise the availability of an Input Tax Credit or understate its availability, then you may have a liability to pay tax on the claim payment  
**IMPORTANT** – If more than one named insured is claiming for the loss, please supply details of ABN and ITC percentages applicable to each entity on a separate page and attach to claim form.

### MOTORCYCLE DETAILS

Give details of your Motorcycle involved in the accident:

|   |  |                 |                              |
|---|--|-----------------|------------------------------|
| Year  |  | Make            |                              |
| Model   |  | Registration No |                              |
| Colour  |  | Purchase Date   | Price                        |
| Does any other party have an interest (financial or other) in the Motorcycle? |  |                 | YES <input type="checkbox"/> |
| If YES, provide details:  |  |                 |                              |
|   |  |                 |                              |
| Finance Company Name:   |  | Contract No:    |                              |

### CLAIM DECLARATION

|   |                          |
|---|--------------------------|
| I wish to report this accident, but DO NOT want to claim against my Policy at this time | <input type="checkbox"/> |
| I submit this information in support of a formal claim against my Policy                | <input type="checkbox"/> |

### INCIDENT DETAILS

|   |  |      |  |                              |                             |
|---|--|------|--|------------------------------|-----------------------------|
| Date of incident  |  | Time |  | AM <input type="checkbox"/>  | PM <input type="checkbox"/> |
| Location of Motorcycle at time of incident?   |  |      |  |                              |                             |
| Was your Motorcycle stored within a fully locked and enclosed building at the time of the incident? |  |      |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If NO, please provide details:  |  |      |  |                              |                             |
|   |  |      |  |                              |                             |
|   |  |      |  |                              |                             |
| Was your Motorcycle secured to a fixed object at the time of the incident?                          |  |      |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If fixed, please provide details of security device used  |  |      |  |                              |                             |
| Describe how the incident occurred  |  |      |  |                              |                             |
|   |  |      |  |                              |                             |
|   |  |      |  |                              |                             |
| Provide a list of your movements and/or whereabouts 12 hours prior to the incident                  |  |      |  |                              |                             |
|   |  |      |  |                              |                             |
|   |  |      |  |                              |                             |

**INCIDENT DETAILS CONTINUED**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Was consent (express or implied), provided to anyone 12 hours prior to the incident occurring? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

If YES, please provide details of person or persons to whom consent was given

|               |  |        |  |
|---------------|--|--------|--|
| Full Name:    |  |        |  |
| Address:      |  | State: |  |
| Telephone No: |  |        |  |

**POLICE REPORT**

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Was this incident reported to the Police? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

|                                     |  |
|-------------------------------------|--|
| Name of Police Station reported to: |  |
|-------------------------------------|--|

|                       |  |
|-----------------------|--|
| Police Report Number: |  |
|-----------------------|--|

|                |  |                |  |
|----------------|--|----------------|--|
| Date Reported: |  | Time Reported: |  |
|----------------|--|----------------|--|

If you have a copy of the Police Report, please attach it to this form

**DECLARATION**

I/we do hereby declare that the foregoing answers are true and correct, that I/we have in no manner caused the said accident by any fraud or wilful misrepresentation sought unjustly to benefit by the said event and that the information detailed above is a true and faithful account of the actual accident.

No information likely to affect the acceptance of this claim has been withheld.

I/We understand that this claim may be refused if any information is false, or inaccurate or concealed.

|                       |  |               |  |
|-----------------------|--|---------------|--|
| Policy Holder's Name: |  | Owner's Name: |  |
|-----------------------|--|---------------|--|

|            |  |            |  |
|------------|--|------------|--|
| Signature: |  | Signature: |  |
|------------|--|------------|--|

|        |  |        |  |
|--------|--|--------|--|
| Dated: |  | Dated: |  |
|--------|--|--------|--|

**PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM.**

**PLEASE FORWARD YOUR COMPLETED FORM TO**

Echelon Claims Services  
 Level 1, 148 Frome Street  
 Adelaide SA 5000  
 Facsimile: (08) 8235 6450 Telephone: (08) 8235 6455  
 Free Call: 1800 640 009

## MARSH COLLECTION STATEMENT

In accordance with the Privacy Act 1988 (Cth) (and subsequent amendments) ('the Privacy Act'), we, Marsh Pty Ltd and our Associated Entities (as that term is defined in the Corporations Act 2001 (Cth)) ('Marsh') draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other Marsh products or services and administering payments to you. If you are proposing for or renewing insurance, the information is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984 (Cth), the Marine Insurance Act 1909 (Cth) or at common law.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and Marsh's Associated Entities, which are all businesses of Marsh & McLennan group of companies ('MMC').
- Your personal information may be sent to our administrative processing centres in Mumbai (India) or Kuala Lumpur (Malaysia) and to other MMC companies, insurers, reinsurers and other third party service providers (e.g. data storage providers) in the United Kingdom, Singapore, Hong Kong, the United States of America and elsewhere.
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act, you must obtain it with the individual's consent.
- We will use and disclose your personal information in accordance with our Privacy Policy. By completing this form you confirm that you have read the Marsh Privacy Policy available on our website ([www.marsh.com.au](http://www.marsh.com.au)) and you authorise and consent to Marsh collecting, holding, using and disclosing any personal information collected by means of the enclosed document in accordance with the terms of the Marsh Privacy Policy, including for the purposes explained in this collection statement above. If there are any inconsistencies between the terms of this collection statement and the terms of the Marsh Privacy Policy, the terms of the Marsh Privacy Policy prevail to the extent of that inconsistency. You may modify or withdraw your consent at any time. If you do not give us consent or subsequently modify or withdraw your consent, we may not be able to provide you with the products or services you want.
- You can contact our Privacy Officer by:  
Email – [privacy.australia@marsh.com](mailto:privacy.australia@marsh.com)  
Phone – (02) 8864 7688  
Post – PO Box H176, Australia Square NSW 1215

Echelon Australia Pty Ltd (Echelon) ABN 96 085 720 056 is a business of Marsh & McLennan Companies (MMC)

The advice in this form is general advice only. To help you decide if the cover suits you, please read the Product Disclosure Statement. We can provide you with further information. Please contact us to request. This insurance is arranged by Marsh Advantage Insurance Pty Ltd (ABN 31 081 358 303, AFSL 238 369) ('MAI'). MAI are not the insurer.

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