



Let's Go Caravan Insurance Claim Form

LEVEL 7, 99 WALKER STREET, NORTH SYDNEY NSW 2060 PH: 1300 119 574 EMAIL: CLAIMS@LETSGOCARAVANINSURANCE.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.
- The issue or acceptance of this form is not to be construed as an admission of liability.

SECTION 1: POLICY DETAILS

Policy Number: _____ Expiry Date: ____ / ____ / ____ Sum Insured: _____

SECTION 2: INSURED DETAILS

Name: _____ Surname: _____

Address: _____

Postcode: _____

Email: _____

Telephone: _____ Mobile: _____

Company Name: _____

Are you registered for GST purposes? Yes No

What is your entitlement to an Input tax credit in respect of:

Your caravan insurance premium _____ % The property that is subject of this claim _____ %

SECTION 3: CARAVAN DETAILS

Type (please tick applicable): Static/on site Cabin Caravan/Cruiser Camper trailer 5th Wheeler

Make: _____ Model: _____ Year: _____

VIN/Chassis number: _____ Registration number: _____

List of modifications or accessories: _____

Is there finance on the caravan, if yes, name of lender: _____

SECTION 4: DAMAGE SUSTAINED

Type of claim (please tick applicable): Storm, hail and flood Accidental and malicious damage

Theft and attempted theft Fire and explosion Electrical motor burnout

Please describe what happened: _____

SECTION 6B: THEFT CLAIMS ONLY

Where was the property being claimed stolen from? _____

Have you reported the incident to the police? Yes No

Police Station: _____

Date and time reported: _____ Police report number: _____

SECTION 7: WITNESS DETAILS

Name: _____ Phone: _____

Address: _____

Postcode: _____

Name: _____ Phone: _____

Address: _____

Postcode: _____

SECTION 8: THIRD PARTY DETAILS

Drivers name: _____ Phone: _____

Drivers address: _____

Postcode _____

Vehicle make: _____ Registration number: _____ Driver licence: _____

Insurer: _____

Owners name (if different to driver): _____ Phone: _____

Owners address: _____

Postcode: _____

SECTION 9: OTHER PROPERTY DAMAGE

Damage to property (buildings, fences etc) _____

SECTION 10: ADDITIONAL INFORMATION AND INJURIES

Is the caravan used for personal use? Yes No

Was the caravan on hire? Yes No

If yes please provide full hirer details including name, address, telephone number, drivers licence and towing vehicle registration number: _____

Any injuries: Yes No

Details of injuries: _____

SECTION 11: 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@nminsurance.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 12: 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: / / _____



nminsurance
one company many opportunities

Let's Go Caravan Insurance

A business name of NM Insurance Pty Ltd

ABN: 34 100 633 038 AFSL: 227 186 Ph: 02 8287 3790

Email: customerservice@nminsurance.com.au Address: Level 7, 99 Walker St. North Sydney, NSW 2060 www.nminsurance.com.au

www.lets gocaravaninsurance.com.au