



We've got you covered.

# Let's Go Caravan Insurance Claim Form

LEVEL 7, 99 WALKER STREET, NORTH SYDNEY NSW 2060  
PH: 1300 119 574 FAX: 02 8920 1275 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 motorhome insurance premium % \_\_\_\_\_ The property that is subject of this claim % \_\_\_\_\_

## SECTION 3: MOTORHOME DETAILS

Type (please tick applicable):  Class B  Class C

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN/Chassis number: \_\_\_\_\_ Registration number: \_\_\_\_\_

List of modifications or accessories: \_\_\_\_\_

Is there finance on the motorhome, 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: \_\_\_\_\_

Is the vehicle still drivable? Yes  No

Where can we inspect the vehicle? \_\_\_\_\_

**DIAGRAM OF THE INCIDENT** – make a plan of the scene of the accident, showing the width of the roadway, positions of all vehicles. If the accident occurred at an intersection, show and advise all traffic lights or road signs etc. Please mark your motorhome with an A and other vehicles as B etc, and the direction of each vehicle.

Date of accident: / / Time of accident: \_\_\_\_\_  
Place of accident: \_\_\_\_\_  
Road surface: sealed/unsealed Weather: dry / wet / snow / hail / ice  
Light conditions: day / night / twilight If night, were lights on?  
Estimated speed at time of the accident: \_\_\_\_\_

### SECTION 5: DETAILS OF THE DRIVER

Name: \_\_\_\_\_ Date of Birth: / /  
Licence number: \_\_\_\_\_ Licence expiry: /  
Class \_\_\_\_\_  
How long has the driver been licensed for this type of vehicle \_\_\_\_\_  
Has the driver ever had any motor vehicle stolen? Yes  No   
If yes, details: \_\_\_\_\_  
Has the driver's licence ever been lost or cancelled? Yes  No   
Has the driver ever had any traffic offences, fines or infringements? Yes  No   
If yes, details: \_\_\_\_\_  
In the last 3 years has the driver ever had any prior accidents and/or claims? Yes  No   
If yes, details: \_\_\_\_\_

### SECTION 6A: POLICE DETAILS

Did police attend the accident scene? Yes  No   
Police station and officer details: \_\_\_\_\_  
Police reference number: \_\_\_\_\_ If the police did not attend the scene was the incident reported? Yes  No   
Were any liquor/drugs, prescriptive or non-prescriptive medication consumed 12 hours prior to the accident? Yes  No   
If yes, what was consumed and how much: \_\_\_\_\_  
Did police order a breathalyser or blood test? Yes  No  If yes, what was the reading? \_\_\_\_\_  
Who do you believe was responsible for the accident: \_\_\_\_\_  
Was liability admitted by any party? Yes  No  Were any fines or infringements issued to any party? Yes  No   
Have you ever had any prior accidents and/or claims? Yes  No   
If yes, details? \_\_\_\_\_

**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 motorhome used for personal use? Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any injuries: Yes  No

Details of injuries: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION 11: PRIVACY REQUIREMENTS

Your Privacy is important to us. You need to read the Privacy Statement overleaf which explain, amongst other things, how we collect, handle, store and disclose your personal and sensitive information in order for us to provide and inform you about our insurance and insurance related services. To do this we may disclose your personal information to our service providers and others in accordance with the Privacy Statement.

The Privacy Policy is located on our website [www.nminsurance.com.au](http://www.nminsurance.com.au)

## SECTION 12: DECLARATION

I/we acknowledge NM Insurance Pty Ltd (ABN 34 100 6330 38 AFSL 227186) may give to, or obtain from, other insurers and/or Insurance/Financial Bureau, state Licensing, Parts or Service Providers, personal information in relation to this claim or my insurance in general.

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:

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Name:

Date: / /

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## SECTION 14: PRIVACY STATEMENT

NM Insurance Pty Ltd, ABN 34 100 633 038, are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) (Privacy Act) and the Australian Privacy Principles (APPs).

This Privacy Statement outlines how we collect, disclose and handle your personal information (including sensitive information) as defined in the Act.

### Why we collect your personal information

We collect your personal information (including sensitive information) so we can:

- identify you and conduct necessary checks;
- determine what service or products we can provide to you e.g. offer our insurance products;
- issue, manage and administer services and products provided to you or others, including claims investigation, handling and settlement;
- improve our services and products e.g. training and development of our representatives, product and service research and data analysis and business strategy development;
- make special offers of other services and products provided by us or those we have an association with, that might be of interest to you.

### What happens if you don't give us your personal information?

If you choose not to provide us with the information we have requested, we may not be able to provide you with our services or products or properly manage and administer services and products provided to you or others.

### How we collect your personal information

Collection can take place by telephone, email, or in writing and through websites (from data you input directly or through cookies and other web analytic tools).

We collect it directly from you unless you have consented to collection from someone other than you, it is unreasonable or impracticable for us to do so or the law permits us to.

If you provide us with personal information about another person you must only do so with their consent and agree to make them aware of this privacy notice.

### Who we disclose your personal information to

We share your personal information with third parties for the collection purposes noted above.

The third parties include: our related companies and our representatives who provide services for us, our insurers, other insurers and reinsurers, your agents, our legal, accounting and other professional advisers, data warehouses and consultants, social media and other similar sites and networks, membership, loyalty and rewards programs or partners, providers of medical and non-medical assistance and services, investigators, loss assessors and adjusters, other parties we may be able to claim or recover against, and anyone either of us appoint to review and handle complaints or disputes and any other parties where permitted or required by law.

We may need to disclose information to persons located overseas. Who they are may change from time to time. You can contact us for details or refer to our Privacy Policy available at our website [www.letsocaravaninsurance.com.au](http://www.letsocaravaninsurance.com.au)

In some cases we may not be able to take reasonable steps to ensure they do not breach the Privacy Act and they may not be subject to the same level of protection or obligations that are offered by the Act. By proceeding to acquire our services and products you agree that you cannot seek redress under the Act or against us (to the extent permitted by law) and may not be able to seek redress overseas.

## SECTION 14: PRIVACY STATEMENT (CONT'D)

### More information, access, correction or complaints

For more information about our privacy practices including how we collect, use or disclose information, how to access or seek correction to your information or how to complain in relation to a breach of the Australian Privacy Principles and how such a complaint will be handled, please refer to our Privacy Policy available at our website [www.letsocaravaninsurance.com.au](http://www.letsocaravaninsurance.com.au) or by contacting us (our contact details are below).

### Contact us and opting out

By proceeding with your application or submitting your claim, you and any other person included on the policy, consent to this use and these disclosures unless you tell us otherwise. If you wish to withdraw your consent, including for things such as receiving information on products and offers by us or persons we have an association with, please contact us.

**By phone:** 1300 119 574

**By email:** [claims@letsocaravaninsurance.com.au](mailto:claims@letsocaravaninsurance.com.au)

**In writing:** Level 7, 99 Walker Street. North Sydney NSW 2060

**Effective date:** .....



**nminsur**ance

**NM Insurance Pty Ltd**

ABN 34 100 633 038 AFSL 227186

Level 7, 99 Walker Street. North Sydney NSW 2060

Telephone: 02 8287 3790 Facsimile: 02 8920 1275

Email: [customerservice@nminsur.com.au](mailto:customerservice@nminsur.com.au)

[www.letsocaravaninsurance.com.au](http://www.letsocaravaninsurance.com.au)