

Let's Go Caravan Motorhome 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:	1	1	Sum Insured:
SECTION 2: INSURED DETAILS				
Name:		Surna	me:	
Address:				
				Postcode:
Email:				
Telephone:		Mobile	e:	
Company Name:				
Are you registered for GST purposes? You	es No			
What is your entitlement to an Input tax cred	it in respect of:			
Your motorhome insurance premium	%_ The pro	operty tha	at is su	ubject of this claim %_
SECTION 3: MOTORHOME DETAIL	S			
		Class C		
Make: Mo	odel:			Year:
VIN/Chassis number:		Registr	ation r	number:
List of modifications or accessories:				
Is there finance on the motorhome, if yes, na	me of lender:			
SECTION 4. DAMAGE CHICANNED				
SECTION 4: DAMAGE SUSTAINED				
Type of claim (please tick applicable):	Storm, hail and flo	od	A	ccidental and malicious damage
	heft and attempte	ed theft		Fire and explosion
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 positions of all vehicles. If the accident occurred at an intersection, show and advise Please mark your motorhome with an A and other vehicles as B etc, and the direction of the accident, showing positions of all vehicles. If the accident occurred at an intersection, show and advise Please mark your motorhome with an A and other vehicles as B etc, and the direction occurred at an intersection, show and advise Please mark your motorhome with an A and other vehicles as B etc, and the direction occurred at an intersection, show and advise Please mark your motorhome with an A and other vehicles as B etc, and the direction occurred at an intersection, show and advise Please mark your motorhome with an A and other vehicles as B etc, and the direction occurred at an intersection, show and advise Please mark your motorhome with an A and other vehicles as B etc, and the direction occurred at a second occurred at a	all traffic lights or road signs etc.
Date of accident: / / Time of accident:	
Place of accident:	
Road surface: sealed/unsealed Weather: dry / wet / si	now / hail / ice
Light conditions: day / night / twilight	
Estimated speed at time of the accident:	
SECTION 5: DETAILS OF THE DRIVER	
Name:	Date of Birth: / /
Licence number:	Licence expiry: /
Class	Electrice expirity.
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 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?	
Dalias station and officer datailer	
Police station and officer details:	
Police station and officer details: Police reference number: If the police did not attend the scene was a scene	as the incident reported? Yes No
Police reference number: If the police did not attend the scene was	
Police reference number: If the police did not attend the scene was Were any liquor/drugs, prescriptive or non-prescriptive medication consumed 12 hours If yes, what was consumed and how much:	
Police reference number: If the police did not attend the scene was Were any liquor/drugs, prescriptive or non-prescriptive medication consumed 12 hours If yes, what was consumed and how much:	s prior to the accident? Yes No
Police reference number: If the police did not attend the scene we were any liquor/drugs, prescriptive or non-prescriptive medication consumed 12 hours of the police order and how much: Did police order a breathalyser or blood test? Who do you believe was responsible for the accident:	s prior to the accident? Yes No
Police reference number: If the police did not attend the scene was Were any liquor/drugs, prescriptive or non-prescriptive medication consumed 12 hours of the police order and how much: Did police order a breathalyser or blood test? Yes No If yes, wo Who do you believe was responsible for the accident:	s prior to the accident? Yes No No vhat was the reading?

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:		
	Post	code:
Name:	Phone:	
Address:		
	Post	code:
SECTION 8: THIRD PARTY DETAILS		
Drivers name:	Phone:	
Drivers address:		
		code
Vehicle make: Registration	number: Driver licence:	
Insurer:	Dhana	
Owners name (if different to driver):	Phone:	
Owners address:	Post	code:
	1 030	<u> </u>
SECTION 9: OTHER PROPERTY DAMAGE		
Damage to property (buildings, fences etc)		
SECTION 10: ADDITIONAL INFORMATION A	AND INJURIES	
Is the motorhome used for personal use?	Ye	es 🗌 No 🗌
Any injuries:	Υε	es No L
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.

C:	of The	l
Signature	or rne	msurea.

Name:	Date: /





Let's Go Caravan Insurance

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