



We've got you covered.

Let's Go Caravan Motorhome Insurance Claim Form

PO BOX 6156, NORTH SYDNEY, NSW 2059

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 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.

Place of accident:

Light conditions: day / night / twilight If night, were lights on?

Estimated speed at time of the accident:

SECTION 5: DETAILS OF THE DRIVER

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 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: /



Let's Go Caravan Insurance

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