

A. Notes

1. It is most important that all questions are answered. If not applicable, write "n/a".
2. The issue of this claim form is not an admission of liability by QBE.
3. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
4. Any amounts further marked as * are in the currency of the country in which the policy has been issued.
5. Markets

Please use the checklist below to indicate the operation in the QBE Pacific Islands region to which you will be submitting your claim.

MARKET	BUSINESS NAME	PLEASE TICK
Fiji	QBE Insurance (Fiji) Limited	<input type="checkbox"/>
Papua New Guinea	QBE Insurance (PNG) Limited	<input type="checkbox"/>
Solomon Islands	QBE Insurance (International) Pty Limited	<input type="checkbox"/>
Vanuatu	QBE Insurance (Vanuatu) Limited	<input type="checkbox"/>

Note: For any other markets please contact the local QBE office.

6. Jurisdiction

The content and use of this form or any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by:

- a) the laws of the country at the QBE office which issues the policy/ies upon which this present claim is made; unless
 - b) the policy/ies refer to the laws of a different country applying, in which case the laws of that country,
- and in relation to those matters, the parties submit to the exclusive jurisdiction of the courts of that country.

For those policies governed by the laws of the Republic of Vanuatu, the validity, interpretation and effect and the rights and obligations of the parties to such policies shall be governed exclusively by English law as applicable within Vanuatu immediately before 30 July 1980 and shall be exclusively justiciable before the Supreme Court of Vanuatu.

B. Insured details

Name of insured	<input type="text"/>				
Address	<input type="text"/>				
Private tel. no	<input type="text"/>	Business tel. no	<input type="text"/>	Mobile tel. no	<input type="text"/>
Fax no	<input type="text"/>	email	<input type="text"/>		
Occupation	<input type="text"/>				
Policy	<input type="text"/>				

C. Insured vehicle details

1. Make of vehicle	<input type="text"/>	Model	<input type="text"/>	Year of manufacture	<input type="text"/>
2. Registration number:	<input type="text"/>				
3. Registered owner (full name and address)	<input type="text"/>				
4. Details of any modification made to the vehicle or engine	<input type="text"/>				
Name and address of other interested party(ies) (eg. finance company, lease company)					
<input type="text"/>					

D. Driver details

1. Name of driver (if the insured, please state 'as above')

2. Address

Private tel no Business tel no Mobile tel no

Fax no email

3. Date of birth Sex Male Female

4. Relationship to the insured

5. Current driver's licence number Country of issue

Class Issue date Expiry date

6. How long has the driver been licensed for this type of vehicle? years

7. Has the driver's licence ever been endorsed or cancelled? Yes No

8. Has the driver been involved in previous accidents over the past 3 years? Yes No

9. Has the driver consumed any intoxicating liquor or taken any drugs in the 24 hours prior to the accident? Yes No

If "Yes", to any of questions 7-9 above, please give full details.

10. Did the driver undergo a breath test, breath analysis or blood test? Yes No

If "Yes", what was the reading?

11. If driver was other than the insured named above:

a) Was the vehicle being used with the insured's knowledge and consent? Yes No

b) State the relationship to the insured (ie. wife, son, friend, employee, hirer).

c) Does driver own his/her own vehicle? Yes No

If so, name of insurer?

E. Accident details

1. Date of incident Time

2. Weather Speed

3. Road conditions: Dry Wet Loose

4. Exact location of accident (street, nearest cross street, suburb, town)

5. At the time of the accident the insured vehicle was: Parked Stationary Moving

6. Traffic controls: None Stop sign Traffic lights Roundabout Give way sign Other

7. Usage: journey from to

8. For what purposes was the vehicle being used?

9. Number of vehicles involved:

If applicable, what types of goods were being transported at time of loss?

10. Describe fully how accident occurred?

11. Who was at fault? Name:

12. Sketch - Indicate road, street name, direction of travel, identify your car by (X), distance from kerb.

F. Damage to insured's vehicle

Please complete questions F1 to F 6 only if you are claiming for damage to your vehicle.

1. Where is the vehicle now?

2. Name of repairer (if same as above, please leave blank).

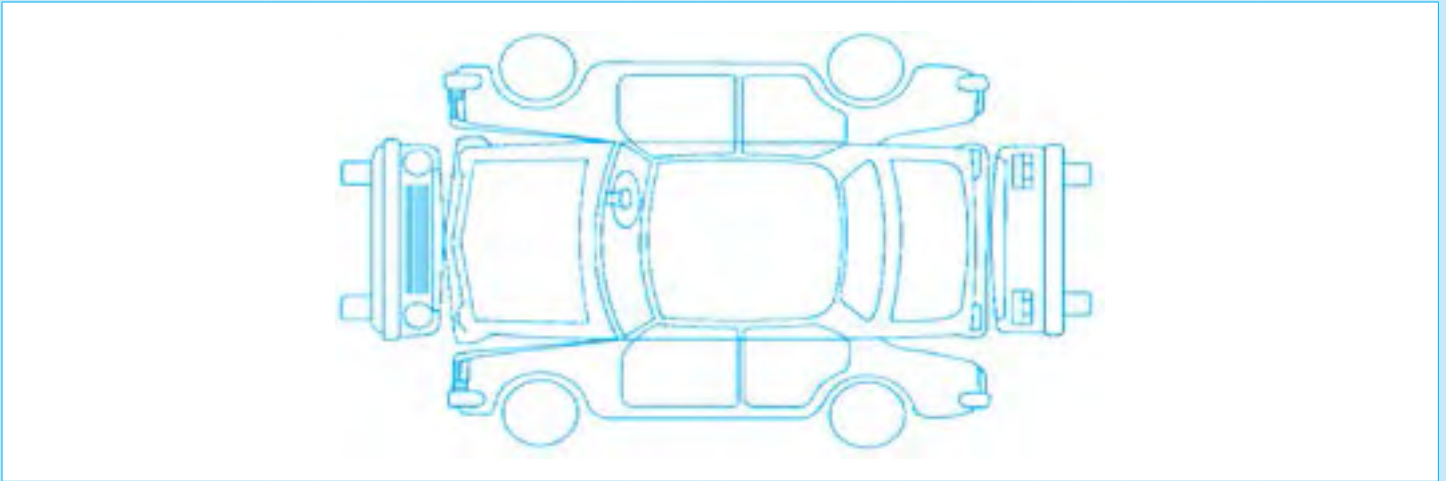
3. Address

4. Tel no Fax no

5. Was vehicle towed? If "Yes", please provide name of towing company. Yes No

6. Repairer's estimate * Please provide copies of estimates or quotes from repairer(s).

Shade in area damaged by accident. Indicate point of impact (X)



G. Damage to other vehicle or property

1. Owner's name Tel no

2. Address

3. Name of insurers Branch

4. Other driver's name Tel no

5. Address

6. Make of vehicle Model Type

7. Was the owner in the vehicle at the time of the accident? Yes No

8. Registration number

9. Particulars of damage to other vehicles

10. Particulars of damage to other property

Note: All written communications from other parties must be forwarded immediately to this company unanswered.

H. Other parties

1. Please give details of pedestrians, owners of property or owners of animals involved.

Name	<input type="text"/>	Address	<input type="text"/>
Name	<input type="text"/>	Address	<input type="text"/>

2. Details of any injuries to other parties (give name and extent of injuries):

a) Occupants of insured vehicle	<input type="text"/>
b) Occupants of other vehicle	<input type="text"/>
c) Pedestrians	<input type="text"/>

I. Responsibility for accident

1. If you were not to blame, who was? Give reasons below.

2. Details of witness(es)

Name	<input type="text"/>	Address	<input type="text"/>
Private tel no	<input type="text"/>	Business tel no	<input type="text"/>
Mobile tel no	<input type="text"/>	email	<input type="text"/>

Was this witness in the insured vehicle? Yes No

3. Details of witness(es)

Name	<input type="text"/>	Address	<input type="text"/>
Private tel no	<input type="text"/>	Business tel no	<input type="text"/>
Mobile tel no	<input type="text"/>	email	<input type="text"/>

Was this witness in the insured vehicle? Yes No

4. a) Did a traffic or police officer attend the accident? or

Yes No

b) Did you report the incident to the police?

Yes No

If "Yes" to a) or b), please provide details about the traffic / police officer:

Name	<input type="text"/>	Number	<input type="text"/>	Where stationed	<input type="text"/>
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5. Was it alleged that anyone was under the influence of intoxicating liquor or drugs?

Yes No

If so, who?

6. Was a written statement made to the traffic or police officer?

Yes No

If "Yes" please attach copy of statement.

J. Signature and declaration

I/we declare that:

- The information and answers given above are correct to the best of my/our knowledge and belief.
- I/we understand the claim may be refused or reduced if information is withheld.
- I/we authorise QBE to disclose information contained herein to QBE's advisors, reinsurers and to other insurers. I/we authorise QBE to obtain from any other party information that is, in QBE's view relevant to this claim.

Insured

Signature	<input type="text"/>
Date	<input type="text"/>

Driver

Signature	<input type="text"/>
Date	<input type="text"/>

Fiji

QBE Insurance (Fiji) Limited

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Vanuatu

QBE Insurance (Vanuatu) Limited

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