

# Insurance Claim Form




## Platinum Caravan Insurance

- 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.

 Level 7, 99 Walker Street, North Sydney NSW 2060

 1300 380 652

 [claims@jaycocaravaninsurance.com.au](mailto:claims@jaycocaravaninsurance.com.au)

## 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	%
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## 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:

**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 caravan 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?        Yes        No

Estimated speed at time of the accident:

## SECTION 5: DETAILS OF THE DRIVER OF THE TOWING VEHICLE

Name:	Date of Birth:	/	/
Licence number:	Licence expiry:	/	/
Have you ever had any motor vehicle stolen?	Yes	No	
If yes, details:			
Have you ever lost your licence?	Yes	No	
Have you ever had any traffic offences, fines or infringements?	Yes	No	
If yes, details:			
Have you 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:

Address:

Name:

Address:

Phone:

Postcode:

Phone:

Postcode:

## SECTION 8: THIRD PARTY DETAILS

Drivers name:

Drivers address:

Vehicle make:

Driver licence:

Owners name (if different to driver):

Owners address:

Phone:

Postcode

Registration number:

Insurer:

Phone:

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](mailto: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:        /        /

**Platinum Caravan  
Insurance****nm insurance**  
SECURING THE JOURNEY TOGETHER**Jayco Platinum Caravan Insurance**

A business name of NM Insurance Pty Ltd

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