

# Platinum Caravan Insurance

# **INSURANCE CLAIM FORM**

PO BOX 6156, NORTH SYDNEY, NSW 2059 PH: 1300 380 652 EMAIL: CLAIMS@JAYCOCARAVANINSURANCE.COM.AU

Please ensure that all questions are answered in full in as much details as possible.

- $\bullet\,$  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					
		Curnor			
Name: Address:		Surnai	ne:		
Auuress.				Postcode:	
Email:				10010000.	
Telephone:		Mobile	):		
Company Name:					
Are you registered for GST purposes? Yes	No				
What is your entitlement to an Input tax credit i	n respect of:				
Your caravan insurance premium	<u>%</u> The property	that is subje	ect of this	claim %	
SECTION 3: CARAVAN DETAILS					
Type (please tick applicable):	Static/on site	Cabin		ravan/Cruiser 🗌 Camper trailer	5th Wheeler
Make:	Model:			Year:	
VIN/Chassis number:	Modol.	Registra	ation numb		
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 flo	od		dental and malicious damage	
	Theft and attempte	ed theft	E Fire	and explosion Electrical mo	tor burnout
Please describe what happened:					

<b>DIAGRAM OF THE INCIDENT</b> – 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?			
Estimated speed at time of the accident:				
SECTION 5: DETAILS OF THE DRIVER OF THE TOWING VEHI	CLE			
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 poli	ce did not attend the scene was the incident reported?:	Yes	No		
Were any liquor/drugs, prescriptive or non-prescriptive	nedication c	onsumed	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 t	rom?			
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 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 num	ber:	
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: /



Platinum Caravan Insurance



Jayco Platinum Carvan Insurance

A business name of NM Insurance Pty Ltd

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