



MOTORCYCLE INSURANCE THEFT CLAIM FORM

PO BOX 6156, NORTH SYDNEY, NSW 2059 PHONE: 1300 960 248 EMAIL: CLAIMS@NATIONALMOTORCYCLEINSURANCE.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

SECTION 1: INSURED DETAILS

Name:	Surname:
Address:	
	Postcode:
Email:	
Phone:	Mobile:
Company name:	
Policy Number:	

SECTION 2: INSURED MOTORCYCLE DETAILS

Make:	Sum Insured:	Chassis number:
Model:	Registration number:	Engine number:
Year:	Speedo reading:	
List of modifications or accessories:		

SECTION 3: THEFT DETAILS

Date of Theft Discovery:	Time of Theft Discovery:
Where was the Motorcycle stolen from:	

MOTORCYCLE PARKING DETAILS

Date Parked:	Time Parked:
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WHO LAST SAW THE MOTORCYCLE AND WHEN

Name:	Relationship to insured:
Address of Contact:	Contact's phone number:
Date Motorcycle was sighted by Contact:	Time:
How was the Motorcycle secured when parked:	

MOTORCYCLE PURCHASE DETAILS

Name of Seller:	Phone:	
Address:	Date of Purchase:	Purchase Price:

Do you owe money on the motorcycle: ☐ Yes ☐ No Lender: _____

Balance owing: _____ Account Number: _____

How many sets of keys were supplied when you purchased the motorcycle: _____

Name of person in possession of keys: _____ Phone: _____

Address: _____

Where are the keys now: _____

SECTION 4: DETAILS OF LAST RIDER OF THE INSURED MOTORCYCLE

PLEASE PROVIDE A PHOTOCOPY OF THE RIDERS MOTORCYCLE LICENCE WITH THIS CLAIM FORM.

Name: _____ Phone: _____

Address: _____ Date of Birth: _____

Licence number: _____ Licence expiry: _____

Have you ever had any motor vehicle stolen?: ☐ Yes ☐ No

If yes, please provide details: _____

Have you ever had any prior theft claims? ☐ Yes ☐ No

If yes, please provide details: _____

Have you ever lost your licence? ☐ Yes ☐ No

Have you ever had any traffic offences, fines or infringements? ☐ Yes ☐ No

If yes, details: _____

SECTION 5: POLICE OR TRAFFIC OFFICER DETAILS

PLEASE PROVIDE A PHOTOCOPY OF THE RIDERS MOTORCYCLE LICENCE WITH THIS CLAIM FORM.

Did police attend?: ☐ Yes ☐ No

Police station and officer details: _____

If the police did not attend the scene was the incident reported?: ☐ Yes ☐ No

Police reference number: _____

SECTION 6: WITNESS DETAILS

Name: _____ Phone: _____

Address: _____

Postcode: _____

Name: _____ Phone: _____

Address: _____

Postcode: _____

SECTION 7: OTHER PROPERTY DAMAGED/STOLEN

Damage to property (buildings, fences etc)

Damage to personal property:

Theft of personal property:

SECTION 8: ADDITIONAL MOTORCYCLE INFORMATION AND INJURIES

Is the motorcycle used for personal use? ☐ Yes ☐ No

If no, what is the motorcycle used for?:

Was the motorcycle in good working condition with no pre-existing damage?: ☐ Yes ☐ No

If no, please provide details of any pre-existing damage:

Any Injuries: ☐ Yes ☐ No

Details of Injuries:

SECTION 9: 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@nminsur.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 10: 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: /



National Motorcycle Insurance

A business name of NM Insurance Pty Ltd

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