



Fire and Theft Claim Form

COMPLAINTS PROCEDURE

Enthusiast Underwriting Pty Ltd is a member of the Financial Ombudsman Service. This independent service is provided to the insuring public at no cost and aims to resolve claims complaints quickly and informally. In the unlikely event of a complaint arising, you should contact your local Enthusiast manager on 1300 679 888. In most cases the problem will be resolved easily. If you are not satisfied with the response given by your local Enthusiast manager you may contact our Enthusiast Internal Dispute Resolution Committee for advice and assistance in resolving your claim. You may also wish to direct your concerns to the Compliance Officer of Assetinsure Pty Ltd on (02) 9251 8055 or complaints@assetinsure.com.au.

If you remain dissatisfied with a decision made by our Internal Dispute Resolution Committee, the matter may be referred to the Financial Ombudsman Services for their independent ruling, provided the matter falls within their jurisdiction.

Financial Ombudsman Service

Phone: 1300 780 808
Post: GPO Box 3, Melbourne Vic 3001
Website: www.fos.org.au
Email: info@fos.org.au

Privacy Statement

Assetinsure Pty Ltd is committed to safeguarding and protecting the privacy of personal information. We are bound by the provisions of the Privacy Act 1988 which sets out the standards to be met in the collection, holding, use and disclosure of personal information.

We are collecting the personal information requested to determine whether and on what terms we might issue you an insurance policy or to manage a claim in relation to an insurance policy you have with us. If you don't provide all the information requested, the main consequence is that we may not be able to issue you with a policy or pay your claim.

We may use your personal information for other purposes if you consent. This may also be the case in other limited circumstances permitted under the Privacy Act 1988, such as where you would reasonably expect us to do so and/or the other purpose is related to the purpose for which we collected the information.

In some circumstances, we may collect your personal information from another person or another source. This will only be where it is unreasonable or impracticable for us to collect it directly from you or you would expect us to collect the information from the nominated third party. For example, where you authorise a representative, e.g. an insurance broker, a financial planner, a legal services provider, an agent or carer providing services to you to deal with us on your behalf.

In issuing and/or managing your policy or claim we may need to disclose your personal information to, another insurer, our reinsurers, an insurance broker, our legal providers, our accountants, loss investigators or adjusters, anyone acting as your agent or regulatory bodies. We will only do so if it is reasonably necessary for, or directly related to the issuing or managing your insurance policy or claim.

In disclosing your personal information to one of these parties it may be necessary to disclose your information overseas. The countries these parties usually operate in are, the USA, Canada, Bermuda, Europe (including the United Kingdom), parts of Asia, including but not limited to Singapore, Hong Kong and India. If we disclose the information overseas you should be aware that the overseas entity is not bound by the Privacy Act 1988 and so you would not be able to seek redress against them under the Privacy Act 1988. There may be no similar privacy law to the Privacy Act 1988 in the overseas party's country and you may also not be able to seek redress under the laws in the party's country. Assetinsure has sought written agreement from its overseas business partners that they will handle personal information in accordance with Assetinsure's Privacy Policy.

By signing the proposal or claim form you expressly consent to us using your personal information in any of the manners detailed above. You also consent to us searching publicly available information that contains your personal information for the purposes of considering a proposal, paying a claim or any other purpose in connection with a policy we provide to you.

Our Privacy Policy is available on our website www.assetinsure.com.au. Our Privacy Policy sets out details of how you can access (and if necessary correct) the personal information we hold about you. It also sets out how and to whom you might complain about a breach of Privacy Law.

If you require any other information regarding Privacy please contact; The Privacy Officer, by post at Assetinsure Pty Ltd, Level 3, 44 Pitt Street, Sydney NSW 2000, by e-mail at privacy@assetinsure.com.au or phone (02) 8274 2898.

General Insurance Code of Practice

Assetinsure has adopted the General Insurance Code of Practice which stipulates the minimum standards of service to our clients. If you would like further information in regard to the code of practice please refer to the Code of Practice Website – www.codeofpractice.com.au or our own website – www.assetinsure.com.au/interest.asp

Enthusiast Claims

Phone: 1300 679 888
Post: PO Box 257, Ferny Hills Qld 4055
Email: claims@enthusiast.com.au

Or if you prefer:
Call our Claims Team direct on 02 8274 2810 or Reception 02 9251 8055

Or you may post your claim form directly to Assetinsure at:
Assetinsure Pty Ltd, PO Box R299, Sydney NSW 1225

Enthusiast Underwriting Pty Ltd
ABN 35 142 206 746



Fire and Theft Claim Form

For prompt claims service this form must be returned to Enthusiast Underwriting, with all questions answered. Please print your answers and where appropriate. This form is issued to enable the insured to lodge a written statement of claim. It does not constitute an admission of liability on behalf of Enthusiast Underwriting or Assetinsure.

Claim Number – OFFICE USE ONLY

1. Policy Holder Details

Name / Business Name

Policy Number – ENT

Policy Period From //20 to //20

Address

Suburb

State

Postcode

Phone (Home)

Phone (Work)

Phone (Mobile)

Fax

Email

Occupation

2. Person to be Contacted

Name

Address

Suburb

State

Postcode

Phone (Work)

Phone (Mobile)

Fax

Email



Fire and Theft Claim Form

3. Insured Vehicle

Vehicle Details			
Name of Registered Owner			
Registration Number		VIN	
Engine Number			
Make	Model	Year	
Odometer Reading		Expiry Date of Registration <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>	
Body Type		Colour	
Has the vehicle been modified or converted from manufacturer's specifications?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details (if not already advised to us)			
Has the vehicle been fitted with accessories other than those supplied by the manufacturer?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details (if not already advised to us)			
Is the vehicle under finance?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details (if not already advised to us)			
Name of financier	<input type="text"/>	Amount outstanding \$	<input type="text"/>
Was there any other insurance (other than compulsory Third Party insurance) at the time of the fire or theft?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the name of the company <input type="text"/>			



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4. Details of the Fire or Theft

When did the fire or theft happen?

Day _____ Date //20 Time _____ am/pm

At what address did the fire or theft happen?

For what purpose was the vehicle being used at the time of the fire or theft?

Business Regular Use Recreational Restoration/ Transit

Was the vehicle locked at the time of the fire or theft? Yes No

Were the keys in the vehicle at the time of the fire or theft? Yes No

How many sets of keys exist to this vehicle?

Who is in possession of the keys?

Was an alarm or immobiliser fitted to the vehicle? Yes No

Was it in working condition? Yes No

Describe the circumstances leading up to the fire or theft?

Describe when and in what circumstances the fire or theft was discovered?

Describe what action was taken after the fire or theft was discovered?

Were you trying to sell the vehicle at the time of the fire or theft? Yes No

Have there been any previous attempts to steal the vehicle? Yes No



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Who last saw the vehicle?

Name

Address

Suburb

State

Postcode

Phone

Mobile

Email

Relationship to the insured

Who discovered the fire or theft?

Name

Address

Suburb

State

Postcode

Phone

Mobile

Email

Relationship to the insured

Was anyone else present when the fire or theft was discovered?

Name

Address

Suburb

State

Postcode

Phone

Mobile

Email

Relationship to the insured

How did you get home after the theft?

What form of transport are you currently using?

Do you own another vehicle? Yes No

Have you made a previous theft claim? Yes No

If yes, please give details



Fire and Theft Claim Form

Who do you believe is responsible, if known?

Name

Address

Suburb

State

Postcode

Phone

Mobile

Email

Relationship to the insured

5. Recovery

If the vehicle has been recovered, where was it found?

By Whom?

When?

Has anyone been apprehended?

Have charges been laid?

6. Damage to the Insured Vehicle

Where can the vehicle be inspected?

Is the vehicle drivable? Yes No Was it towed? Yes No

If yes, by whom?

Briefly describe the damage to the vehicle?

Have you obtained an estimate for repairs? Yes No

Amount

Name of repairer

Phone



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7. Police (Please attach the police report to this claim form)

Were the police advised of the fire or theft? Yes No
 Did the police attend? Yes No

Which police station was the fire or theft reported?

Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>	Police Report Number
Name of Officer	Station

If charges are to be laid, who is to be charged?

What are the offence/s being considered?

8. Goods and Services Tax

(to Ensure you do not incur any unnecessary GST liabilities on this claim complete these details)

Are you registered for GST purposes? Yes No

If yes, what is your ABN

Have you claimed or are you entitled to claim an Input Tax Credit for the GST applicable to the policy Premium? Yes No

Please specify your percentage entitlement %

9. Electronic Funds Transfer (Settlement of your claim may involve a cash settlement. Please complete the following if you require an EFT payment)

Account Name

Name of Bank

BSB

Account Number



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IMPORTANT DECLARATION – (PLEASE READ BEFORE SIGNING)

On behalf of the insured, I declare the above answers to be true and correct in every particular and acknowledge that Enthusiast Underwriting Pty Ltd and Assetinsure Pty Ltd may make their decision on indemnity having regard to these answers.

I consent to Enthusiast Underwriting Pty Ltd and Assetinsure Pty Ltd using the personal information which I have provided on this form for the purposes of processing this claim. I understand that if I choose not to provide the required details, Enthusiast Underwriting Pty Ltd and Assetinsure Pty Ltd may not be able to process this claim.

I consent to Enthusiast Underwriting Pty Ltd and Assetinsure Pty Ltd disclosing my personal information to other insurers, an insurance reference service, or as required by law. I also consent to Enthusiast Underwriting Pty Ltd and Assetinsure Pty Ltd disclosing my personal information to, and/or collecting information about me, from third parties such as investigators or legal advisers. Where I have provided information about another individual (for example an employee or client), I declare that the individual has or will be made aware of that fact.

If you accept this statement tick the box and complete the fields below.

I accept the above statement

Name

Date / / 20

On behalf of The Insured