



Accident 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



Accident 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.

IMPORTANT NOTICE

- Please read the claim form fully before answering the questions
- Please answer all questions relating to your claim as fully as possible. Please add additional pages if space is insufficient (e.g. a word document).
- We may contact you for further information or to appoint a loss adjustor (assessor)
- Generally we will have repairs authorised and paid for following assessment of the damage

ACCIDENTS INVOLVING OTHER VEHICLES – PLEASE NOTE

- **If anyone holds you responsible for their accident/ injury, DO NOT admit liability. Insist their claim must be in writing.**
- Please refer any third party involved to Enthusiast Underwriting Pty Ltd if they contact you about a claim.
- Please forward any writ. Summons, demand letter or any correspondence received from a law firm to Enthusiast Underwriting Pty Ltd.

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



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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 manufacturers' specification?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes and details have not already been provided, please list below			
Has the vehicle been fitted with accessories other than from the manufacturer?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes and details have not already been provided, please list below			
Was there any unrepaired damage prior to the accident?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please describe			
When was the vehicle purchased?		Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Amount paid \$ <input type="text"/>
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"/>	
For what purpose was the vehicle being used at the time of the accident			
<input type="checkbox"/> Business <input type="checkbox"/> Regular Use <input type="checkbox"/> Recreational <input type="checkbox"/> Restoration/ Transit			
Was any other insurance (other than Compulsory Third Party Insurance) in force on the vehicle at the time of the collision?			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. Person in charge of the vehicle at the time of the accident

Name		Date of birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 19 <input type="text"/> <input type="text"/>	
Address			
Suburb	State	Postcode	
Phone (Home)	Phone (Mobile)		
Licence Number	State of Issue		
Date Issued <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>	Expiry Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>		
Class of Licence	Relationship to the insured		

Has the driver had an insurance policy cancelled, declined or renewal refused or higher excess imposed in the past 5 years? Yes No

If yes, please list below

Has the driver been convicted of any traffic offences in the past 5 years? Yes No

If yes, please list below

Has the driver had their licence suspended in the past 5 years (except for unpaid parking fines)? Yes No

If yes, please list below

Has the driver been involved in a car accident in the past 5 years? Yes No

If yes, please list below

Has the driver made a motor vehicle claim in the past 5 years? Yes No

If yes, please list below

Has the driver consumed any alcohol, drugs or medication that day? Yes No

If Yes, how long before the collision?

 hours

Type of Alcohol, drugs or medication?

Quantity consumed



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5. Details of the accident

When did the accident Happen?

Day

Date / / 20

Time

am/pm

Where did the accident happen?

What were the road conditions at the time?

What were the weather conditions at the time?

Who do you consider to be at fault for the accident?

Did either driver admit fault?

Yes No

If yes, your driver? Yes No

The other driver? Yes No

How did the collision happen?

Describe in detail the circumstances leading up to the collision and how it happened. It is important to be as accurate as you can. Do not hide any facts or circumstances which may not be in your favour.



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Was the vehicle in a driveable condition? Yes No

Was it towed from the scene? Yes No

Where can the vehicle be inspected?

Name of repairer

Address

Suburb	State	Postcode
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Phone	Fax
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Email

Have you obtained a quote for repairs? Yes No Amount

Attached to this claim form are templates to add a map of the collision scene and a diagram to show where your vehicle and the other vehicle are damaged. This will need to be printed and the diagrams completed by hand and either, mailed, or emailed to us.

6. Was any other vehicle or property damaged? (if yes complete the relevant section)

Details of other Vehicle (if more than one vehicle involved, provide separate sheet)

Registration Number	Make
---------------------	------

Model	
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Drivers Surname	Given name/s
-----------------	--------------

Approx Age	Licence Number
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Address

Suburb	State	Postcode
--------	-------	----------

Phone (Home)	Phone (Work)
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Phone (Mobile)	Email
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Owners Name (if not the driver)

Address

Suburb	State	Postcode
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Other vehicle insured with?	Policy Number
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Details of Other Property (fence, building etc.)

Owners Name

Address

Suburb

State

Postcode

Phone (Home)

Phone (Work)

Phone (Mobile)

Email

7. Witnesses (if space insufficient attach separate sheet)

Were there any witnesses to the collision?

Yes No

Name of Witness

Address

Suburb

State

Postcode

Type of witness

Passenger in your vehicle Passenger in other vehicle Independent eye witness

Phone (Home)

Phone (Work)

Phone (Mobile)

Email

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

Were the police advised of the accident?

Yes No

Did the police attend?

Yes No

Which police station was the accident reported?

Date / /

Police Report Number

Name of the officer?

Are charges expected to be laid?

Yes No

If yes, against who?



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9. 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

No 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 %

10. 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

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

