

Fire and Theft Claim Form

COMPLAINTS AND DISPUTES

Enthusiast and Assetinsure support the aims and application of the General Insurance Code of Practice (GICOP) and the Motor Vehicle Insurance and Repair Industry Code of Conduct that sets the standards of practice and service for the insurance industry.

If you have a concern or complaint about our products or services, then please let us know by contacting the person at Enthusiast with whom you were dealing to see if they can resolve the matter to your satisfaction. You can contact Enthusiast on 1800 10 10 44. We will try to resolve the complaint to your satisfaction as quickly as possible.

If you are not satisfied with the response:

- for claim related complaints or disputes, you may contact our National Manager, Claims at Enthusiast, on 1800 10 10 44 or customercomplaints@enthusiast.com.au, who can provide advice and assistance in resolving your claim-related complaint or dispute; and
- for other complaints, you may contact the Compliance Officer of Enthusiast Pty Ltd using the same contact details.

Australian Financial Complaints Authority (AFCA)

If a matter has not been resolved to your satisfaction within 30 days, you have the right to refer the matter to the AFCA. AFCA is an external dispute resolution body that provides a free and independent dispute resolution service for retail clients. You can contact AFCA using the following contact details.

Post to: GPO Box 3, Melbourne VIC 3001

Call: 1800 931 678 (free call)

Email: info@afca.org.au

Website: www.afca.org.au

Privacy Statement

This Privacy Statement describes how we collect, use, handle and disclose your personal information. It also describes the matters to which you give your consent when applying for a Policy.

Any personal information we collect will be handled in accordance with our Privacy Policy (available at www.enthusiast.com.au/privacy-policy/) and the Privacy Act 1988 (Cth) (the Privacy Act). Our Privacy Policy includes information about your right to access and seek correction of the personal information we hold about you and how you may do this, how you can make a complaint about a breach of your privacy rights and how we deal with complaints.

Collection and use of your personal information

We usually collect personal information directly from you. In some circumstances, we may collect your personal information from another person or source – we usually only do this when it is unreasonable or impracticable for Enthusiast Pty Ltd to collect it directly from you or when you would expect us to collect the information from a nominated third party. For example, when you authorise a representative (e.g. an insurance broker, financial planner, legal services provider, agent or carer providing services) to deal with us on your behalf, we will seek the information directly from them.

You agree that your personal information may be collected, held and used by us for the purpose of providing our services to you, including offering and assessing an application for a Policy and providing, managing and/or administering any Policy subsequently provided to you.

In addition, you agree that your personal information may be collected, held and used for the purposes of corresponding with you, managing any claims you make and services we provide you, executing your instructions, managing our relationship with you, complying with legislative and regulatory requirements, collecting payments, responding to your enquiries, marketing our services and understanding services you may be interested in receiving (we may do this by calling you or sending you direct mail, such as by email to your email address), for internal purposes (including risk management, underwriting and pricing, quality assurance and training purposes) and for other purposes identified at the time of collecting your information.

Consequences if information is not provided

If you do not provide us with the information we need, we will be unable to consider your application for insurance, administer your Policy or manage any claim under your Policy.

Disclosure of your personal information

You agree that we may disclose your personal information:

- to Enthusiast;
- to our external service providers and contractors (such as any mail house, commercial agent or entities engaged by us to carry out certain business activities on our behalf, such as loss assessors, claims investigators, insurance reference bureau, underwriters and reinsurers, lead generators, data analysts, claims reference providers, hospitals, medical and health professionals, and information technology service providers);
- to our related entities, assignees, agents and external advisers (such as legal and other professional advisers);
- to any other person we consider necessary to execute your instructions;
- to any financial institution to or from which a payment is made in relation to any Policy you have; or
- in accordance with any consent you give or where disclosure is authorised or compelled by law (for example, to law enforcement and regulatory, government and dispute resolution bodies).

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Transfer of personal information overseas

You agree that we may disclose your information to recipients located overseas, including the USA, Canada, Bermuda, Europe (including the United Kingdom), South Africa, Singapore and Hong Kong but may be any country in the world.

Information about another person

If you provide information about any other person, you agree to tell them that you are providing this information to us, about our contact details in this document, the reason you are providing their information, the fact that we have collected personal information from you and about the contents of this Privacy Statement.

General Insurance Code of Practice

Assetinsure Pty Ltd subscribes to the General Insurance Code of Practice (GICOP). The GICOP was developed with the Insurance Council of Australia to further raise standards of practice and service areas across the insurance industry.

The Code Governance Committee (CGC) is an independent body that monitors and enforces insurers' compliance with the GICOP.

You can obtain more information on the GICOP and how it can assist you by contacting us on (02) 9251 8055.

For more information on the GICOP and CGC, visit www.codeofpractice.com.au.

Enthusiast Claims

Phone: 1800 10 10 45 2897

Post: PO Box R299, Sydney NSW 1225

Email: claims@enthusiast.com.au

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 Pty Ltd, 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 Pty Ltd or Assetinsure Pty Ltd.

Claim Number – OFFICE USE ONLY

1. Policy holder details

Name / business name		
Policy number	–	ENT
Policy period from	to	
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

Body type

Colour

Has the vehicle been modified or converted from manufacturers' specification?

Yes

No

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

No

If yes, please give details (if not already advised to us).

Is the vehicle under finance?

Yes

No

If yes, please give details (if not already advised to us).

Name of financier

Amount outstanding \$

Was there any other insurance (other than Compulsory Third Party insurance) at the time of the fire or theft?

Yes

No

If yes, what is the name of the company?

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4. Details of the fire or theft

When did the fire or theft happen?

Day

Date

Time

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?

Private Business Restricted/historic Nominated annual distance driven
Laid up/restoration Recreational

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

If yes, 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

Have you made a previous theft claim? Yes No

No If yes, please give details.

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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
To which police station was the accident reported?		
Date	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

On behalf of

the insured