# **Motor Vehicle**



**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 Assetinsure, on (02) 9251 8055 or complaints@assetinsure.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 Assetinsure 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.assetinsure.com.au/privacypolicy/) 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 Assetinsure 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).



# **Motor Vehicle**



## **Fire and Theft Claim Form**

#### 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), Singapore, South Africa, Hong Kong and India.

### 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.codeofpactice.com.au.

#### **Enthusiast Claims**

**Phone:** 1800 10 10 45 or (02) 8274 2897

- Post: PO Box R299, Sydney NSW 1225
- Email: claims@enthusiast.com.au

Enthusiast Underwriting Pty Ltd ABN 35 142 206 746







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		_	EI	NT		
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	







# 3. Insured vehicle

Vehicle details					
Name of registered owner					
Registration number		VIN			
Engine number					
Make	Model		Year		
Odometer reading		Expiry date of registrat	tion /	/ 20	
Body type		Colour			
Has the vehicle been modified or co	onverted from manufa	cturers' specification	?	Yes	No
If yes, please give details (if not already	y advised to us).				
Has the vehicle been fitted with acc	cessories other than th	nose supplied by the n	nanufacturer?	Yes	No
If yes, please give details (if not already	y advised to us).				
Is the vehicle under finance?				Vaa	No
If yes, please give details (if not already	(au of beginner			Yes	No
II yes, please give details (il fiot allead	y advised to us).				
Name of financier			Amount outstanding	\$	
Was there any other insurance (oth at the time of the fire or theft?	er than Compulsory T	hird Party insurance)		Voc	No
מנ נוופ נווופ טו נוופ ווופ טו נוופונ ?				Yes	No
If yes, what is the name of the compan	ıy?				







When did the fire or theft h	nappen?					
Day	Date	/	/ 20	Time		
At what address did the fir	re or theft happen?					
For what purpose was the	_					
Private Business Laid up/restoration	Restricted/historic Recreational	Nom	inated annual dis	stance driven		
Was the vehicle locked at	the time of the fire or t	heft?			Yes	No
Were the keys in the vehic	le at the time of the fir	e or theft?			Yes	No
How many sets of keys ex	ist to this vehicle?					
Who is in possession of th						
Who is in possession of th						
	ne keys?	9?			Yes	No
Was an alarm or immobilis If yes, was it in working co	ne keys? ser fitted to the vehicle ondition?				Yes	No
Was an alarm or immobilis If yes, was it in working co	ne keys? ser fitted to the vehicle ondition?					
Who is in possession of th Was an alarm or immobilis If yes, was it in working co Describe the circumstanc Describe when and in wha	ne keys? Ser fitted to the vehicle ondition? Ses leading up to the fi	re or theft		d.		
Was an alarm or immobilis If yes, was it in working co Describe the circumstanc	ne keys? ser fitted to the vehicle ondition? ses leading up to the fi at circumstances the f	re or theft ire or thef	t was discovere	d.		
Was an alarm or immobilis If yes, was it in working co Describe the circumstanc Describe when and in wha	ne keys? Ser fitted to the vehicle ondition? Ses leading up to the fi at circumstances the f	re or theft ire or thef theft was	t was discovere discovered.	d.		







#### 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 disc	overed?	
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.		







#### 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







Were the police advised of the fire or thef	t? Yes	No
Did the police attend?	Yes	No
To which police station was the accident	reported?	
Date / / 20	Police report number	
Name of officer	Station	
If charges are to be laid, who is to be char	rged?	
What are the offence/s being considered	?	
What are the offence/s being considered	?	
What are the offence/s being considered	?	
	?	
e. Goods and Services Tax	<b>?</b> sary GST liabilities on this claim, complete these details.)	
<b>B. Goods and Services Tax</b> (To ensure you do not incur any unneces		No
8. Goods and Services Tax (To ensure you do not incur any unneces Are you registered for GST purposes?	sary GST liabilities on this claim, complete these details.)	No
<ul> <li>Goods and Services Tax         <ul> <li>(To ensure you do not incur any unneces</li> </ul> </li> <li>Are you registered for GST purposes?</li> <li>If yes, what is your ABN?</li> <li>Have you claimed or are you entitled to claimed you where you entitled to claimed you where you wher</li></ul>	sary GST liabilities on this claim, complete these details.) Yes	
<b>5. Goods and Services Tax</b> (To ensure you do not incur any unneces <b>Are you registered for GST purposes?</b> If yes, what is your ABN?	sary GST liabilities on this claim, complete these details.) Yes	No

Account name	
Name of bank	
BSB	Account number



# **Motor Vehicle**



**Fire and Theft Claim Form** 

# **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

