

# Motor Vehicle



## Accident Claim Form

### COMPLAINTS AND DISPUTES

Mercurien 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 Ride Protect Pty Ltd with whom you were dealing to see if they can resolve the matter to your satisfaction. You can contact Ride Protect Pty Ltd on 1300 396 086. 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](mailto: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](mailto:info@afca.org.au)

**Website:** [www.afca.org.au](http://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](http://www.assetinsure.com.au)) 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 Mercurien Insurance Pty Ltd;
- 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



## Accident 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.codeofpractice.com.au](http://www.codeofpractice.com.au).

### Mercurien Claims

#### For Policies taken out in 2022

**Email:** [mercurien@insurx.com.au](mailto:mercurien@insurx.com.au)

**Phone:** 02 82 333 176

#### For Policies from 1st January 2023

**Email:** [mercurienclaims@assetinsure.com.au](mailto:mercurienclaims@assetinsure.com.au)

**Phone:** 02 8123 6902

For prompt claims service this form must be returned to Mercurien Insurance 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 Mercurien Insurance Pty Ltd or Assetinsure Pty Ltd.

**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 Mercurien Insurance if they contact you about a claim.
- Please forward any writ, summons, demand letter or any correspondence received from a law firm to Mercurien Insurance 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	

### 3. Insured vehicle

Vehicle details			
Name of registered owner			
Registration number		VIN	
Engine number			
Make	Model	Year	
Odometer reading		Expiry date of registration / / 20	
Body type		Colour	
<b>Has the vehicle been modified or converted from manufacturers' specification?</b>			Yes No
If yes and details have not already been provided, please list below.			
<b>Has the vehicle been fitted with accessories other than from the manufacturer?</b>			Yes No
If yes and details have not already been provided, please list below.			
<b>Was there any unrepaired damage prior to the accident?</b>			Yes No
Please describe.			
<b>When was the vehicle purchased?</b>	Date	/	/
			Amount paid \$
<b>Is the vehicle under finance?</b>			Yes No
If yes, please give details (if not already advised to us)			
Name of financier		Amount outstanding \$	
<b>For what purpose was the vehicle being used at the time of the accident?</b>			
Private	Business	Restricted/historic	Nominated annual distance driven
Laid up/restoration	Recreational		

**Was any other insurance (other than Compulsory Third Party Insurance) in force on the vehicle at the time of the collision?**

Yes No

If yes, what is the name of the company?

**4. Person in charge of the vehicle at the time of the accident**

Name		Date of birth		/	/
Address					
Suburb		State		Postcode	
Phone (home)			Phone (mobile)		
Licence number			State of issue		
Date issued		/	/	/ 20	
Date issued			Expiry date		
Class of licence		Relationship to the insured			
<p><b>Has the driver had an insurance policy cancelled or declined, renewal refused or higher excess imposed in the past 5 years?</b></p> <p>If yes, please list below.</p>					Yes No
<p><b>Has the driver been convicted of any traffic offences in the past 5 years?</b></p> <p>If yes, please list below.</p>					Yes No
<p><b>Has the driver had their licence suspended in the past 5 years (except for unpaid parking fines)?</b></p> <p>If yes, please list below.</p>					Yes No
<p><b>Has the driver been involved in a car accident in the past 5 years?</b></p> <p>If yes, please list below.</p>					Yes No
<p><b>Has the driver made a motor vehicle claim in the past 5 years?</b></p> <p>If yes, please list below.</p>					Yes No
<p><b>Had the driver consumed any alcohol, drugs or medication within 12 hours before the accident?</b></p> <p>If yes, how long before the collision?</p>					Yes No
				hours	

<b>Type of alcohol, drugs or medication</b>	
<b>Quantity consumed</b>	
<b>Has the vehicle been involved in any previous unclaimed incidents (theft/accident)?</b> If yes, please list below.	Yes    No

### 5. Details of the accident

<b>When did the accident happen?</b>		
Day	Date    /    / 20	Time

**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?**

---

<b>Did either driver admit fault?</b>		Yes    No
<b>If yes, your driver?</b> Yes    No	<b>The other driver?</b> 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.

---

<b>Was the vehicle in a driveable condition?</b>	Yes	No
--	-----	----

---

<b>Was it towed from the scene?</b>	Yes	No
-------------------------------------	-----	----

---

**Where can the vehicle be inspected?**

---

**Name of repairer**

---

Address

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

Phone	Fax
-------	-----

---

Email

---

<b>Have you obtained a quote for repairs?</b>	Yes	No	<b>Amount</b>
---	-----	----	---------------

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.)

<b>Details of other vehicle</b> (If more than one vehicle involved, provide separate sheet.)		
Registration number	Make	
Model		
Driver's surname	Given name/s	
Approx. age	Licence number	
Address		
Suburb	State	Postcode
Phone (home)	Phone (work)	
Phone (mobile)	Email	
<b>Owner's name</b> (if not the driver)		
Address		
Suburb	State	Postcode
Other vehicle insured with	Policy number	
<b>Details of other property</b> (fence, building etc.)		
Owner's name		
Address		
Suburb	State	Postcode
Phone (home)	Phone (work)	
Phone (mobile)	Email	



**7. Witnesses** (If space insufficient, attach separate sheet.)

<b>Were there any witnesses to the collision?</b>			Yes	No
Name of witness				
Address				
Suburb	State	Postcode		
<b>Type of witness</b>				
Passenger in your vehicle	Passenger in other vehicle	Independent eyewitness		
Phone (home)		Phone (work)		
Phone (mobile)		Email		

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

<b>Were the police advised of the accident?</b>			Yes	No
<b>Did the police attend?</b>			Yes	No
To which police station was the accident reported?				
Date / /	Police report number			
Name of the officer				
<b>Are charges expected to be laid?</b>			Yes	No
If yes, against whom?				

**9. Goods and Services Tax**

(To ensure you do not incur any unnecessary GST liabilities on this claim, complete these details.)

<b>Are you registered for GST purposes?</b>			Yes	No
If yes, what is your ABN?				
<b>Have you claimed or are you entitled to claim an Input Tax Credit for the GST applicable to the policy premium?</b>			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 Mercurien Insurance Pty Ltd and Assetinsure Pty Ltd may make their decision on indemnity having regard to these answers.

I consent to Mercurien Insurance 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, Mercurien Insurance Pty Ltd and Assetinsure Pty Ltd may not be able to process this claim.

I consent to Mercurien Insurance 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 Mercurien Insurance 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

**Next Step: Where to send Your Claim Form**

**For Policies purchased in 2022**

**Email:** mercurien@insurx.com.au

**Phone:** 02 82 333 176

**For Policies from 1st January 2023**

**Email:** mercurienclaims@assetinsure.com.au

**Phone:** 02 8123 6902

