

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, 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) 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).

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.

Mercurien Claims

For Policies purchased in 2022

Email: mercurien@insurx.com.au

Phone: 02 82 333 176

For Policies from 1st January 2023

Email: rideprotectclaims@assetinsure.com.au

Phone: 1300 334 520

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 | |
| Has the vehicle been modified or converted from manufacturers' specification? | | | Yes No |
| 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 No |
| If yes and details have not already been provided, please list below. | | | |
| Was there any unrepaired damage prior to the accident? | | | Yes No |
| Please describe. | | | |
| When was the vehicle purchased? | | Date / / | Amount paid \$ |
| Is the vehicle under finance? | | | Yes No |
| If yes, please give details (if not already advised to us) | | | |
| Name of financier | | Amount outstanding \$ | |
| For what purpose was the vehicle being used at the time of the accident? | | | |
| 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 | | |
| Expiry date | | / | / | 20 | | |
| Class of licence | | | Relationship to the insured | | | |
| Has the driver had an insurance policy cancelled or declined, 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. | | | | | | |
| Had the driver consumed any alcohol, drugs or medication within 12 hours before the accident? | | | | | Yes | No |
| If yes, how long before the collision? | | | <input type="text" value=""/> hours | | | |

Type of alcohol, drugs or medication

Quantity consumed

Has the vehicle been involved in any previous unclaimed incidents (theft/accident)?

Yes No

If yes, please list below.

5. Details of the accident

When did the accident happen?

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?

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.

| | | |
|--|-----|----|
| 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

 Phone

 Fax

 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 | | |
| Driver's surname | Given name/s | |
| Approx. age | Licence number | |
| Address | | |
| Suburb | State | Postcode |
| Phone (home) | Phone (work) | |
| Phone (mobile) | Email | |

Owner's name (if not the driver)

| | | |
|----------------------------|---------------|----------|
| Address | | |
| Suburb | State | Postcode |
| Other vehicle insured with | Policy number | |

Details of other property (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.)

| | | | | |
|---|----------------------------|------------------------|-----|----|
| 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 eyewitness | | |
| 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 |
| To 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 whom? | | | | |

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 |
| 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. | | | % | |

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

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: rideprotectclaims@assetinsure.com.au

Phone: 1300 334 520

Motor Vehicle

Accident Claim Form

The last page of this form must be printed and completed by hand.

| | |
|------|---------------|
| Name | Policy number |
|------|---------------|

Map of accident scene

Please draw a diagram showing streets, position of vehicles, direction of travel, etc. Show north by arrow.

Symbols

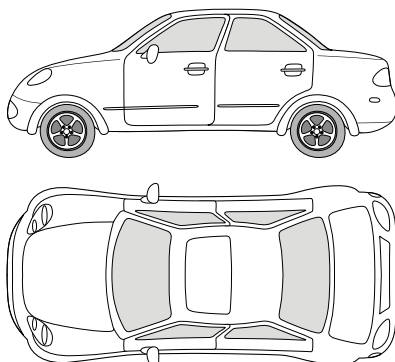
- Your vehicle
- Other vehicle(s)
- Lane arrows
- Stop sign
- Street intersection
- Give way sign
- Curved street
- Traffic lights

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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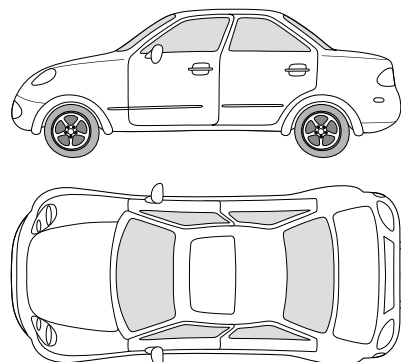
Damage to the insured vehicle

On the diagrams show the impact point by an X and the damaged areas by shading.

Your vehicle



Other vehicle



If there is any additional information you consider necessary please write it here.
