

Motor Vehicle claims form



How to submit a claim

1. Fill in this form and attach relevant documents.
2. Log into www.insure.mitti.com.au to submit your claim attaching a copy of this form
3. A claims officer will get in touch with you.

Brokerage

Contact Name

Mobile

Work phone

Customer details

Business Name

Policy number

Contact Name

Mobile

Work phone

Email address

Address

State

Postcode

GST Details

Are you registered for Goods Services and Tax (GST) purposes?

No Yes If Yes, what is your Australian Business Number (ABN)?

Have you claimed or do you plan to claim an input tax credit on the GST applicable to this policy's premium?

No Yes If Yes, what is the percentage amount you've claimed or plan to claim?



Driver details

Full name

Occupation

Best contact number

Licence number

Expiry date

Date of birth

Attach a copy

What was the vehicle being used for at the time of the accident?

Business Private

Have you ever been convicted of any traffic offence or had your license suspended?

No Yes If Yes, tell us more

Did you have any intoxicating liquor and/or take any drugs during the eight hours before the accident?

No Yes If Yes, tell us more

Did you take a breath test?

No Yes If Yes, what was the result

Who should we contact about the claim?

Tell us who the main contact person is

Full name

Email

Best contact number

What is the main contact's relationship to the policyholder?

Broker, relative, spouse etc

Tell us about the vehicle

Registration number

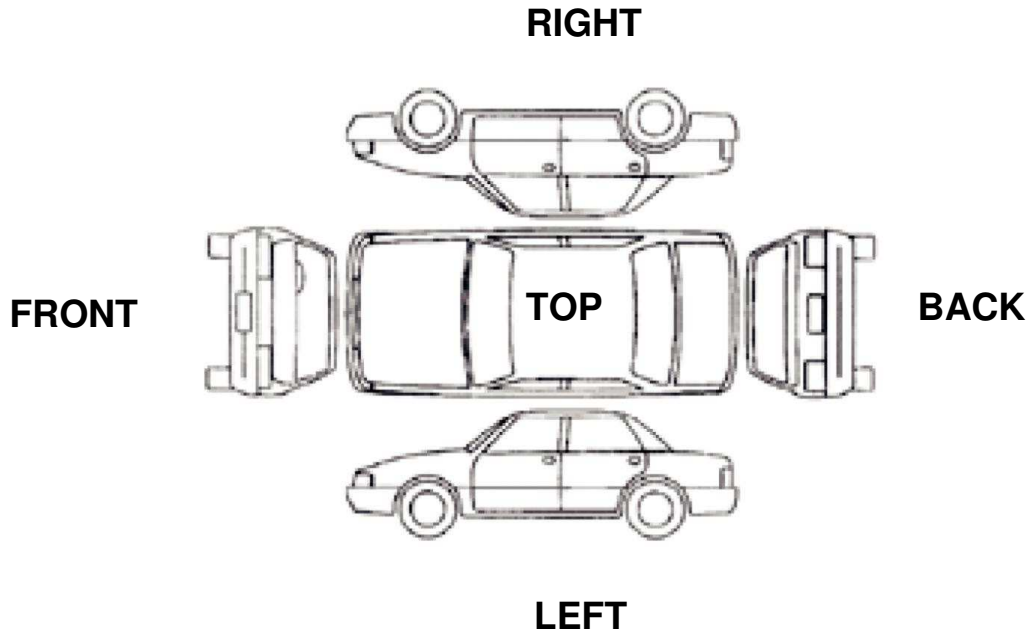
Registration expiry date

Vehicle type (e.g. car, truck)

Vehicle make and model



Mark where the vehicle was damaged.



Third party details

Driver's full name

Best contact number

Address

 State Postcode

Licence number

Expiry date

Date of birth

Vehicle owner's full name if different to the driver's

Best contact number

Address

 State Postcode

Name of insurance company that covers their vehicle

Policy number

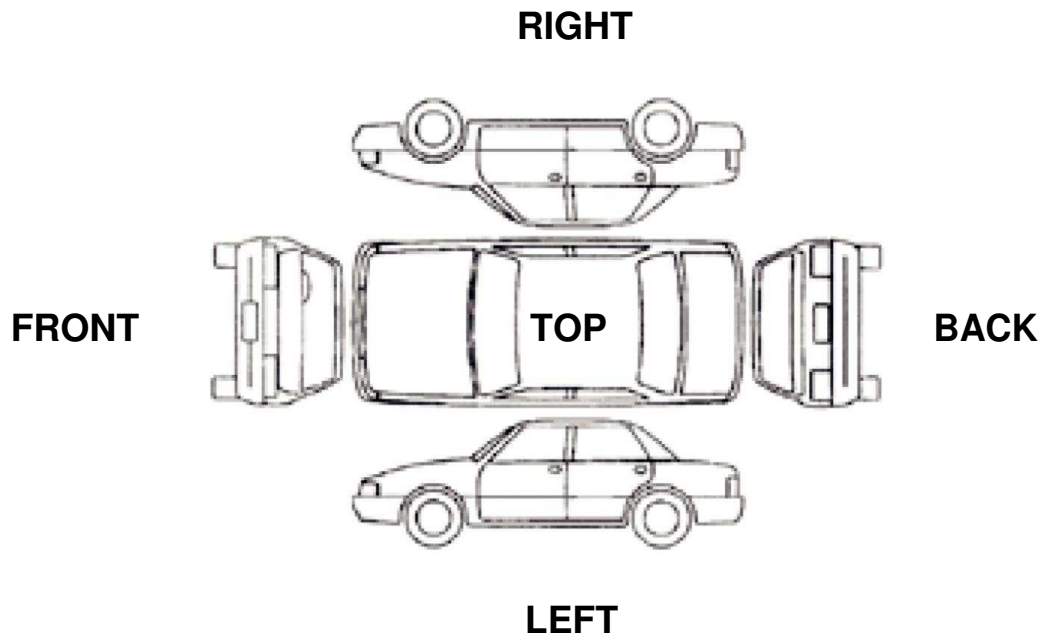
Vehicle type (e.g. car, truck)

Vehicle make and model

Describe the damage to the vehicle. If more than one vehicle was involved, attach more information.

Blank text area for describing damage to the vehicle.

Mark where the third party vehicle was damaged.



Tell us about the accident

Date of accident

Blank input field for the date of the accident.

Time of accident

Blank input field for the time of the accident.

am / pm

Where did the accident happen?

Blank text area for describing where the accident occurred.

What town/suburb?

Blank input field for the town or suburb.

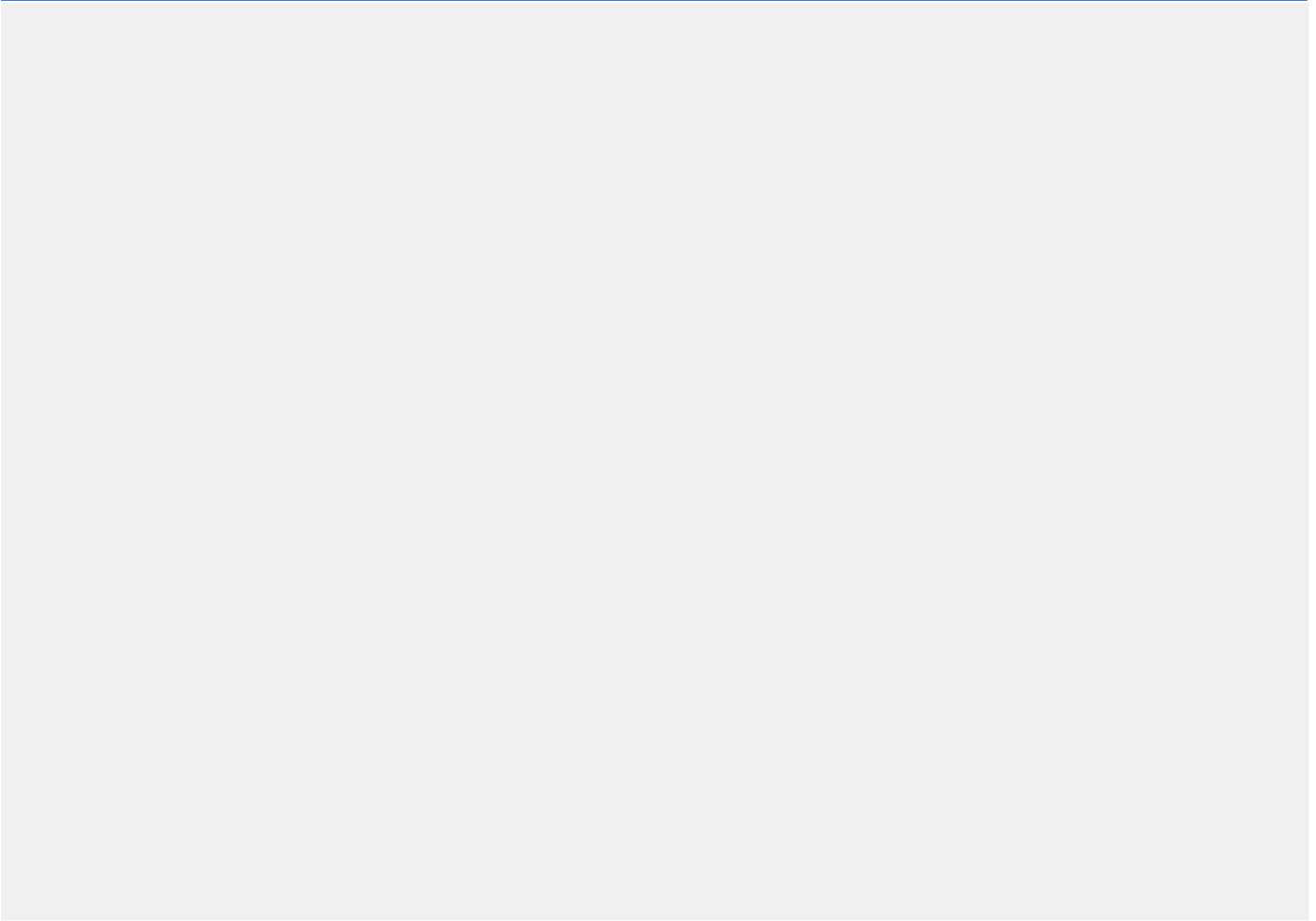
State

Blank input field for the state.

Describe the accident. Include details about the weather and road conditions.

Blank text area for describing the accident, including weather and road conditions.

Reconstruct the accident by drawing it:



Witnesses

Were there any witnesses to the accident?

No Yes If Yes, tell us more.

Witness name

Witness contact number

Were police told about the accident?

No Yes

Did police attend the accident scene?

No Yes

Police station

Police report number



Is there anything else you'd like to add?

Privacy

We will collect personal information when you deal with us, our agents, other companies in the QBE group or suppliers acting on our behalf.

We use your personal information so we can do business with you, which includes issuing and administering our products and services and processing claims.

Sometimes we might send your personal information overseas. The locations we send it to can vary but include the Philippines, India, Ireland, the UK, the US, China and countries within the European Union.

Our Privacy Policy describes in detail where and from whom we collect personal information, as well as where we store it and the full list of ways we could use it.

To get a copy of our Privacy Policy please visit www.mitti.com.au/privacy or contact hello@mitti.com.au. It's up to you to decide whether to give us your personal information, but without it we might not be able to do business with you, including not paying your claim.

Contact us

If you have any questions about your claim or this form, please reach out to us.

Email: hello@mitti.com.au

Mail: PO Box 304, Surry Hills NSW 2010

Phone: 1300 164 884

Website: www.mitti.com.au

I'm having an issue

Speak to one of our claims officers if you have a complaint. They can help you.

If the issue still isn't sorted out in a way that you're satisfied with, you can ask for a review.

Reach out to QBE's Customer Relations Department on **1300 650 503** to ask for a review or email complaints@qbe.com.

Please read your Product Disclosure Statement for more information about resolving complaints.

Declaration

I/We acknowledge that I/We have read and agree to the privacy consent and authorisation documented at www.mitti.com.au/privacy.

I/We declare all the above details are true in every respect to the best of my/our knowledge and belief.

I/We acknowledge that a claim may be refused and/or the policy may be cancelled if the answers or information I/We provide is untrue, inaccurate or concealed.

Signature of insured customer

Date

