Australian Bus and Coach Underwriting

Motor Vehicle Claim Form

AUSTRALIAN
BUS AND COACH
A 360 Group Company

Effective date: 1 October 2025
ABCUMVCFV125

Important Information

In the Event of a Claim

- Take precautions to ensure that no further damage or loss occurs to the motor vehicle.
- Where possible have the motor vehicle moved to a secure location if not drivable.
- Obtain one repair quotation.
- This Claim Form should be completed and returned to your Broker as soon as possible with any relevant photos and attachments.
- Contact your Broker if you are unsure about any matters in relation to the completion of this Claim Form.

Agent of Insurers

Australian Bus and Coach Underwriting Pty Ltd (Australian Bus and Coach Underwriting) acts as an agent of the Insurer and not as your agent when issuing insurance policies, dealing with or settling any claims. This is an important document please read it carefully.

About the Insurer

Insurance products issued and underwritten by QBE Insurance (Australia) Limited (ABN 78 003 191 035, AFSL 239545) (the Insurer).

Privacy Statement

We are committed to protecting your privacy in accordance with the *Privacy Act 1988* (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. By executing this document you consent to collection, use and disclosure of your personal information in accordance with our Privacy Policy. If you do not provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, your application for insurance may not be accepted, we may not be able to administer your services/products, or you may be in breach of your duty of disclosure.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information including transfer overseas and provision to necessary third parties as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at www.360uw.com.au

Please access and read this policy.

If you have any queries about how we handle your personal information or would prefer to have a copy of our Privacy Policy mailed to you, please ask us.

If you wish to access your file please ask us.

General Insurance Code of Practice

We proudly support the General Insurance Code of Practice (the 'Code'). The purpose of the Code is to raise the standards of practice and service in the general insurance industry.

For further information on the Code, please visit www.codeofpractice.com.au or alternatively you can request a brochure on the Code from Australian Bus and Coach Underwriting.

Complaints and Disputes Resolution

We view seriously any complaint made about our products or services and will deal with it promptly and fairly.

If you have a complaint please first try to resolve it by contacting the relevant member of our staff.

If the matter is not resolved within 1 business day, you can refer your complaint to QBE's Customer Relations team as follows:

QBE Customer Relations
Email. complaints@qbe.com
Telephone. 1300 650 503
Post. GPO Box 219, Parramatta NSW 2124

They will seek to resolve the matter in accordance with the General Insurance Code of Practice and Our Dispute Resolution procedures.

You can contact us if you want more information on our procedures.

If you are a natural person or a small business, and you are not satisfied with the final decision, you may wish to contact the Australian Financial Complaints Authority (AFCA). The AFCA is a free independent external disputes resolution service provided to customers to review and resolve complaints where we have been unable to satisfy your concerns.

AFCA can be contacted as follows:
Telephone. 1800 931 678
Email. info@afca.org.au
Post. GPO Box 3, Melbourne VIC 3001
Website. www.afca.org.au

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Motor Vehicle Claim Form

POLICY DETAILS

Insured | Policy Number | ABN

To what extent can you claim an input tax credit on your motor vehicle insurance premiums? %

To what extent can you claim an input tax credit on the vehicle which is the subject of this claim? %

Address

Suburb | State | Postcode

Contact name

Telephone | Mobile | Email

Number of employees

INSURED VEHICLE DETAILS

Year | Make | Model | Registration No.

VIN/Engine No. | Colour

For what purpose was the vehicle being used at time of accident?

- ○ School Bus
- ○ General Charter/Intra State Tours
- ○ Local Charter
- ○ Interstate Tours
- ○ Airport, Hotel, Motel Transfers
- ○ Route Service
- ○ Hotel/Club Shuttle Bus
- ○ Scheduled Intercapital Express
- ○ Self/Drive Hire
- ○ Private
- ○ Intra State Express (ie: Countrylink, Vline Services)
- ○ Other, please specify

Registered owner

Address

Suburb | State | Postcode

Do you owe money on your vehicle? (Only answer if insured vehicle is a potential write off/total loss/stolen)? ○ Yes ○ No

If yes, please give details

Name of Lender

Address

Suburb | State | Postcode

Account Details

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DRIVER DETAILS

Name of Driver | Date of Birth / /

Address

Suburb | State | Postcode

Telephone | Mobile

Relationship to insured (ie. insured, employee, hirer, relative, lease driver etc)

Drivers licence No. | State of issue | Licence expiry date / / | Licence class No.

Years licenced in this class

Was the vehicle being used with the insured's knowledge and consent? ○ Yes ○ No

If "yes" reason for use? (Business, Private etc.)

Did the driver drink alcohol or take drugs in the 12 hours prior to the accident? ○ Yes ○ No

If "yes" reason for use? (Business, Private etc.)

Did the driver undergo a breath test, breath analysis or blood test? ○ Yes ○ No

What was the reading? (Please attach copy of the certificate)

ACCIDENT OR THEFT DETAILS

Date of accident / / | Day of week | Time (24hr)

Where did the accident happen?

Address

Suburb | State | Postcode

Weather conditions? ○ Sunshine ○ Rain ○ Other (please advise)

Road Surface ○ Dry ○ Wet ○ Sealed ○ Unsealed ○ Flat ○ Uphill ○ Downhill

Road Type ○ Straight ○ Curved ○ Left Turn ○ Right Turn

At the time of the accident the insured's vehicle was ○ Parked ○ Stationary ○ Moving Speed Kph

At the time of the accident the other vehicle/s were ○ Parked ○ Stationary ○ Moving Speed Kph

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Traffic Controls	○ None	○ Stop Sign	○ Roundabout	○ Give Way Sign
If traffic lights, were they	○ Green	○ Amber	○ Red Against You?	○ Other Party?
What lights, if any were being used by you?			Other Party?	

Accident: Describe events before, during and after the accident (include no. of lanes, speed, parked, reversing)

Who was at fault?	Surname	Given Name(s)	
Is there any CCTV footage available? (Please retain copy in case of dispute in liability)			○ Yes ○ No

Theft: Describe events from time parked until discovered missing (include who made discovery and any action taken)

SKETCH DIAGRAM OF ACCIDENT

1. Name Streets
2. Direction of travel indicated by arrow
3. Your Vehicle
4. Other Vehicle
5. Show: North, South, East and West, Traffic signs, ie: Stop, Give Way, Roundabout etc.

Person(s)
Your vehicle
Other vehicle
Traffic lights
Stop sign
Give way sign

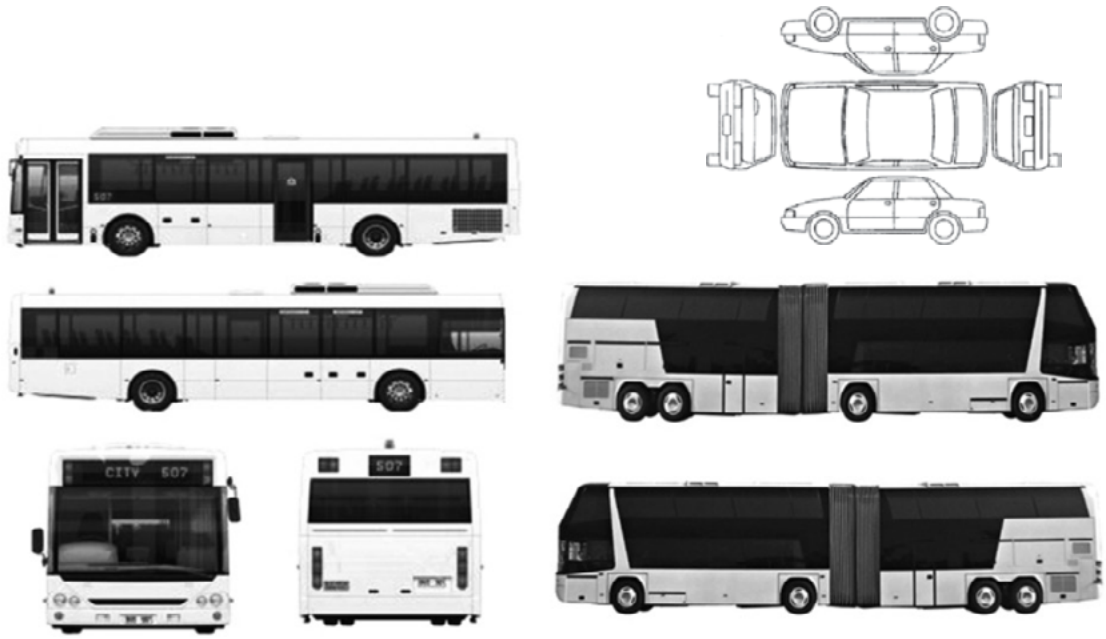
DAMAGE TO YOUR VEHICLE

Are you claiming for the damage to your vehicle?	○ Yes ○ No
Was the vehicle towed?	○ Yes ○ No

If "yes" please give details

Name of tow company	Where was it towed?	Distance towed	km
Where is vehicle now?		Estimated cost of repairs $	

Show on the diagram where damage to your vehicle occurred:



OTHER VEHICLE

Make	Model	Year	Registration No.	Colour

OWNER OF OTHER VEHICLE

Surname	Given Name(s)		
Address			
Suburb		State	Postcode
Telephone	Mobile		
Insurance Company		Policy No.	

DRIVER OF OTHER VEHICLE

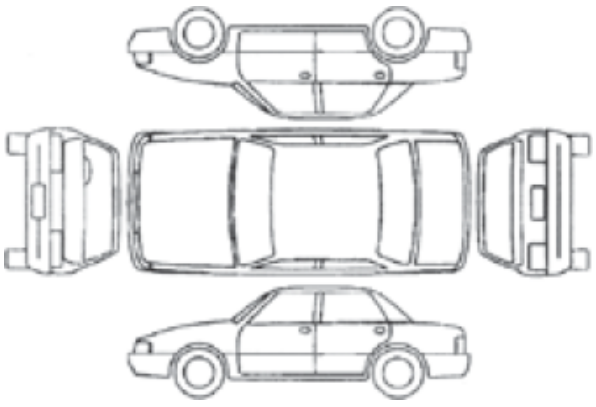
Surname	Given Name(s)		
Address			
Suburb		State	Postcode
Telephone	Mobile		
Drivers licence No.	Date of Birth / /		

Was the owner in the vehicle at the time of the accident? ○ Yes ○ No

If there is more than one vehicle involved please attach details

SKETCH DIAGRAM:

Shade in damage to Other Vehicle. Indicate point of Impact (X).



OTHER PARTIES

Surname		Given Name(s)	
Address			
Suburb		State	Postcode
Telephone	Mobile		

POLICE

Did police attend the incident scene?			○ Yes ○ No
OR did you report the incident to the police?			○ Yes ○ No
Name		Rank	
Station		Police event No.	
Date of report / /	Name of person to be charged or cautioned		
Nature of charge or caution			

WITNESS(ES) DETAILS

Witness 1 Details

Surname		Given Name(s)	
Address			
Suburb		State	Postcode
Telephone	Mobile		
Was this witness in the insured vehicle?			○ Yes ○ No

Witness 2 Details

Surname		Given Name(s)	
Address			
Suburb		State	Postcode
Telephone	Mobile		
Was this witness in the insured vehicle?			○ Yes ○ No

Declaration and Authorisation

I/We declare that to the best of my knowledge and belief, the information provided on this claim form and in any attached documentation is true and correct and that I/We have not withheld any relevant information.

I/We consent to Australian Bus and Coach Underwriting and/or its agent using the personal information I/We have provided for the purpose of processing my claim. I/We understand that if I/We choose not to provide the required details, this is my/ our choice; however, Australian Bus and Coach Underwriting and/or its agent may not be able to process my/our claim.

I/We consent to Australian Bus and Coach Underwriting and/or its agent disclosing my/our personal information to other insurers, an insurance reference service, claims adjusters, lawyers and other consultants or as required by law. I/We also consent to Australian Bus and Coach Underwriting and/or its agent disclosing my/our personal information to and/or collecting additional information about me/us, from investigators or legal advisors.

I/We acknowledge that I/We have read and understood the Privacy Statement and consent to the collection, storage, use and disclosure of personal and sensitive information to all persons affected by this claim.

I/We acknowledge that if I/We do not agree to the collection of this personal information then Australian Bus and Coach Underwriting and/or its agent will be unable to process my/our claim.

I/We authorise Australian Bus and Coach Underwriting or its agent to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of Insured

Print name Date (dd/mm/year) / /

Signature of Driver

Print name Date (dd/mm/year) / /

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Australian Bus and Coach Underwriting Agency Pty Ltd (ABN 14 645 102 405) is an Authorised Representative (AR 1297177) of 360 Underwriting Solutions Pty Ltd ABN 18 120 261 270, AFSL 319181
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