



YMI
YAMAHA MOTOR INSURANCE

MOTORCYCLE INSURANCE THEFT CLAIM FORM

PO BOX 6156, NORTH SYDNEY, NSW, 2059 PHONE: 1300 652 936 FAX: 02 8920 1275 E-MAIL: CLAIMS@YMIAUS.COM.AU

- Please ensure that all questions are answered in full in as much details as possible.
- We ask that you return this completed claim form with any further requested information

SECTION 1: INSURED DETAILS

Name: _____ Surname: _____

Address: _____

Postcode: _____

Email: _____

Phone: _____ Mobile: _____

Company name: _____

Policy Number: _____

SECTION 2: INSURED MOTORCYCLE DETAILS

Make: _____ Chassis number: _____

Model: _____ Registration number: _____ Engine number: _____

Year: _____ Speedo reading: _____

List of modifications or accessories: _____

SECTION 3: THEFT DETAILS

Date of Theft Discovered: _____ Time of Theft Discovered: _____

Where was the Motorcycle stolen from: _____

How was the Motorcycle stolen: _____

MOTORCYCLE PARKING DETAILS

Date Parked: _____ Time Parked: _____

WHO LAST SAW THE MOTORCYCLE AND WHEN

Name: _____ Relationship to insured: _____

Address of Contact: _____ Contact's phone number: _____

Date Motorcycle was sighted by Contact: _____ Time: _____

How was the Motorcycle secured when parked: _____

MOTORCYCLE PURCHASE DETAILS

Name of Seller: _____ Phone: _____
Address: _____ Date of Purchase: _____ Purchase Price: _____
Do you owe money on the motorcycle: Yes No Lender: _____
Balance owing: _____ Account Number: _____

How many sets of keys were supplied when you purchased the motorcycle: _____
Name of person in possession of keys: _____ Phone: _____
Address: _____
Where are the keys now: _____

SECTION 4: DETAILS OF LAST RIDER OF THE INSURED MOTORCYCLE

PLEASE PROVIDE A PHOTOCOPY OF THE RIDERS MOTORCYCLE LICENCE WITH THIS CLAIM FORM.

Name: _____ Phone: _____
Address: _____ Date of Birth: _____
Licence number: _____ Licence expiry: _____

Have you ever had any motor vehicle stolen?: Yes No

If yes, please provide details: _____

Have you ever had any prior theft claims? Yes No

If yes, please provide details: _____

Have you ever lost your licence? Yes No

Have you ever had any traffic offences, fines or infringements? Yes No

If yes, details: _____

SECTION 5: POLICE OR TRAFFIC OFFICER DETAILS

PLEASE PROVIDE A PHOTOCOPY OF THE RIDERS MOTORCYCLE LICENCE WITH THIS CLAIM FORM.

Did police attend?: Yes No

Police station and officer details _____

If the police did not attend the scene was the incident reported?: Yes No

Police reference number: _____

SECTION 6: WITNESS DETAILS

Name: _____ Phone: _____

Address: _____

Postcode: _____

Name: _____ Phone: _____

Address: _____

Postcode: _____

SECTION 7: OTHER PROPERTY DAMAGED/STOLEN

Theft of personal property: _____

SECTION 8: ADDITIONAL MOTORCYCLE INFORMATION

Is the motorcycle used for personal use? Yes No

If no, what is the motorcycle used for?: _____

Was the motorcycle in good working condition with no pre-existing damage?: Yes No

If no, please provide details of any pre-existing damage: _____

SECTION 9: PRIVACY REQUIREMENTS

Your Privacy is important to us. You need to read the Privacy Statement below which explain, amongst other things, how we collect, handle, store and disclose your personal and sensitive information in order for us to provide and inform you about our insurance and insurance related services. To do this we may disclose your personal information to our service providers and others in accordance with the Privacy Statement.

The Privacy Policy is located on our website www.nminsurance.com.au

SECTION 10: DECLARATION

I/ we acknowledge Yamaha Motorcycle Insurance and/or NM Insurance Pty Ltd (ABN 34 100 6330 38 AFSL 227186) may give to, or obtain from, other insurers and/or Insurance/Financial Bureau, state Licensing, Parts or Service Providers, personal information in relation to this claim or my insurance in general.

I/we hereby declare that the foregoing particulars to be true and correct and I/we undertake to render every assistance in my/our power in dealing with this matter.

Signature of the Insured: _____

Name: _____ Date: _____ / _____ / _____

SECTION 11: Privacy Statement

NM Insurance Pty Ltd, ABN 34 100 633 038 are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) (Privacy Act) and the Australian Privacy Principles (APPs).

This Privacy Statement outlines how we collect, disclose and handle your personal information (including sensitive information) as defined in the Act.

Why we collect your personal information

We collect your personal information (including sensitive information) so we can:

- identify you and conduct necessary checks;
- determine what service or products we can provide to you e.g. offer our insurance products;
- issue, manage and administer services and products provided to you or others, including claims investigation, handling and settlement;
- improve our services and products e.g. training and development of our representatives, product and service research and data analysis and business strategy development;
- make special offers of other services and products provided by us or those we have an association with, that might be of interest to you.

What happens if you don't give us your personal information?

If you choose not to provide us with the information we have requested, we may not be able to provide you with our services or products or properly manage and administer services and products provided to you or others.

How we collect your personal information

Collection can take place by telephone email, or in writing and through websites (from data you input directly or through cookies and other web analytic tools).

We collect it directly from you unless you have consented to collection from someone other than you, it is unreasonable or impracticable for us to do so or the law permits us to.

If you provide us with personal information about another person you must only do so with their consent and agree to make them aware of this privacy notice.

Who we disclose your personal information to

We share your personal information with third parties for the collection purposes noted above.

The third parties include: our related companies and our representatives who provide services for us, Lloyd's, our insurers, other insurers and reinsurers, your agents, our legal, accounting and other professional advisers, data warehouses and consultants, social media and other similar sites and networks, membership, loyalty and rewards programs or partners, providers of medical and non-medical assistance and services, investigators, loss assessors and adjusters, other parties we may be able to claim or recover against, and anyone either of us appoint to review and handle complaints or disputes and any other parties where permitted or required by law.

We may need to disclose information to persons located overseas. Who they are may change from time to time. You can contact us for details or refer to our Privacy Policy available at our website www.nminsurace.com.au

In some cases we may not be able to take reasonable steps to ensure they do not breach the Privacy Act and they may not be subject to the same level of protection or obligations that are offered by the Act. By proceeding to acquire our services and products you agree that you cannot seek redress under the Act or against us (to the extent permitted by law) and may not be able to seek redress overseas.

More information, access, correction or complaints

For more information about our privacy practices including how we collect, use or disclose information, how to access or seek correction to your information or how to complain in relation to a breach of the Australian Privacy Principles and how such a complaint will be handled, please refer to our Privacy Policy available at our website www.nminsurace.com.au or by contacting us (our contact details are below).

Contact us and opting out

By proceeding with your application or submitting your claim, you and any other person included on the policy, consent to this use and these disclosures unless you tell us otherwise. If you wish to withdraw your consent, including for things such as receiving information on products and offers by us or persons we have an association with, please contact us.

By phone: 03 8599 5000

By email: customerservice@nminsurace.com.au

In writing: 28-32 George Street, Sandringham VIC 3191

Effective date: 12 March 2014

NM Insurance Pty Ltd

(ABN 34 100 633 038 AFSL 227186)

28-32 George Street, Sandringham, VIC, 3191

This policy is underwritten by AAI Ltd (ABN 48 005 297 807) (AFS Licence No. 230859) trading as Vero Insurance (Vero)