



YMI
YAMAHA MOTOR INSURANCE

YAMAHA MOTORCYCLE INSURANCE CLAIM FORM

PO BOX 6156, NORTH SYDNEY 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 detail as possible
- We ask that you return this completed claim form together with a copy of your motorcycle licence (if applicable) to the above address

SECTION 1: INSURED DETAILS

Name: _____ Surname: _____ Company name: _____
 Address: _____
 Email: _____ Phone: _____ Mobile: _____
 Policy number: _____

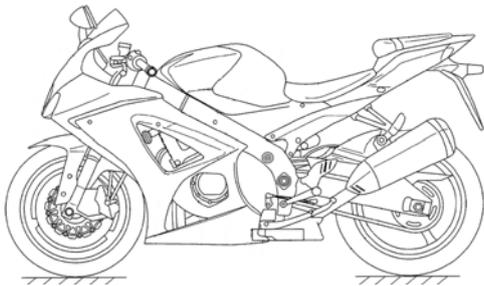
SECTION 2: INSURED MOTORCYCLE DETAILS

Make: _____ Sum insured: _____ Chassis number: _____
 Model: _____ Registration number: _____ Engine number: _____
 Year: _____ Speedo reading: _____
 List of modifications or accessories: _____

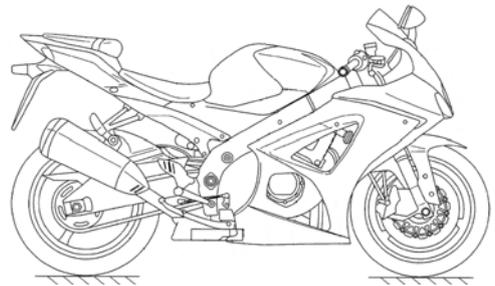
SECTION 3: DAMAGE SUSTAINED

Area damaged: _____

Left side of Motorcycle:



Right side of Motorcycle:



Repairers name: _____
 Repairers address: _____ Repairers phone: _____
 Is bike rideable: _____ Is bike at the repairer? _____
 Was the bike towed or transported: _____ If so where to: _____
 Date of accident: _____ Time of accident: _____
 Place of accident: _____
 Road surface: sealed/unsealed _____ Weather: dry/wet/snow/hail/ice _____ Day/night _____ If night were lights on? _____

YOUR MOTORCYCLE

Estimated speed at time of the accident: _____

OTHER VEHICLE

Estimated speed at time of the accident: _____

SECTION 4: ACCIDENT DESCRIPTION

An accurate and detailed circumstances surrounding the accident:

DIAGRAM OF THE ACCIDENT – Make a plan of the scene of the accident, showing the width of the roadway, positions of all vehicles. If the accident occurred at an intersection, show and advise all traffic lights or road signs etc. Please mark your motorcycle with an A and other vehicles as B etc, and the direction of each vehicle.

SECTION 5: DETAILS OF RIDER OF THE INSURED MOTORCYCLE

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

Name: _____ DOB: _____ Licence no: _____ Licence expiry: _____

Have you ever had any motor vehicle stolen? _____ If yes details: _____

Have you ever lost your licence? _____

Have you ever had any traffic offences, fines or infringements? _____ If yes details: _____

Have you had any prior accidents and/or claims? _____ If yes details: _____

SECTION 6: POLICE OF TRAFFIC OFFICER DETAILS

Did police attend the accident scene? _____

Police station and officer details: _____

Police reference number: _____ If the police did not attend the scene was the incident reported? _____

Was any liquor/drugs, prescriptive or non-prescription medication consumed 12 hours prior to the accident? _____

If yes when, what was consumed and how much: _____

Did police order a breathalyser or blood test? _____ If yes what was the reading? _____

Who do you believe was responsible for the accident: _____

Was liability admitted by any party: _____

Was any fines or infringements issued to any party? _____

SECTION 7: PASSENGER DETAILS

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

SECTION 8: WITNESS DETAILS

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

SECTION 9: THIRD PARTY DETAILS

Drivers name: _____

Drivers address: _____ Phone: _____

Vehicle make: _____ Registration number: _____ Drivers licence: _____

Insurer: _____

Owners name: _____

Owners address: _____ Phone: _____

SECTION 10: OTHER PROPERTY DAMAGE OR INJURIES

Damage to property (buildings, fences etc.) _____

SECTION 11: ADDITIONAL MOTORCYCLE INFORMATION

Is the motorcycle used for personal use? _____

If not what is the motorcycle used for: _____

Was the motorcycle in good working condition with no pre-existing damage? _____

If not provide details of any pre-existing damage: _____

Any injuries: _____

PRIVACY STATEMENT

We are committed to protecting your privacy. We will only use the personal information you have provided us in settling this claim, and any claim made against you in respect of this claim

SIGNATURES

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 Licencing, 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 owner: _____ Date: _____

Signature of owner: _____ Date: _____