



YMI
YAMAHA MOTOR INSURANCE

YAMAHA MOTORCYCLE GAP COVER 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 details as possible
- We ask that you return this completed claim form with all the requested information to the above address

SECTION 1 : INSURED DETAILS

Title: _____ Name: _____ Surname: _____

Address: _____

Postcode: _____

Email: _____

Phone: _____ Mobile: _____

Policy Number: _____ Date of Birth: _____

SECTION 2: VEHICLE DETAILS

Make: _____ Model: _____

Year: _____ Registration No: _____

Finance Company Name: _____ Account/Contract Number: _____

Phone: _____

Insurance Company Name: _____ Phone: _____

Policy Number: _____ Claim Number: _____

Incident Description (Including Reason For Total Loss e.g.Fire, Theft or Impact): _____

SECTION 3: 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.

SECTION 4: 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 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.

Should there be other statements and/or information required, I may be required, if requested by the insurer, to support my claim and provide assistance when required, and I agree to undertake the same.

I authorise Yamaha Motorcycle Insurance, a trading entity of NM Insurance Pty Ltd, to use this claim form to evidence my authority to any third party to release to Yamaha motorcycle Insurance, a trading entity of NM Insurance Pty Ltd, all documents and information, including personal information, relevant to my claim under the insurance policy above.

Signature of the Insured: _____ Date: _____

Name: _____