



**YMI**  
YAMAHA MOTOR INSURANCE

# YAMAHA MOTORCYCLE TYRE AND RIM 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: \_\_\_\_\_ Chassis No: \_\_\_\_\_

Engine No: \_\_\_\_\_ Speedo Reading: \_\_\_\_\_

List of Modifications: \_\_\_\_\_

## SECTION 3: DAMAGE SUSTAINED

Area Damaged: \_\_\_\_\_

Repairer / Dealer Name: \_\_\_\_\_

Repairer/Dealer Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Time of Loss: \_\_\_\_\_

Location of Loss: \_\_\_\_\_

Road Surface: \_\_\_\_\_

## SECTION 4: RIDER DETAILS

Title: \_\_\_\_\_ Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Licence No: \_\_\_\_\_ Licence Expiry Date: \_\_\_\_\_

Continued



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**SECTION 5: ACCIDENT DESCRIPTION (An accurate and detailed description of the circumstances surrounding the incident)**

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Diagram of incident:

**SECTION 6: 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 7: 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.

Signature of the Insured:

Date:

Name: