



**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: \_\_\_\_\_

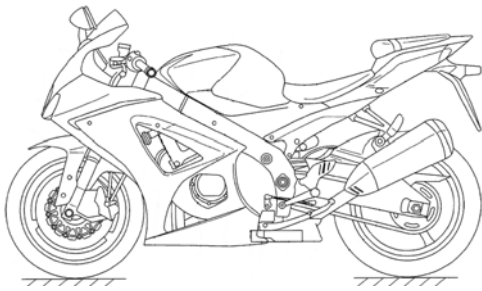
## SECTION 2: INSURED MOTORCYCLE DETAILS

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

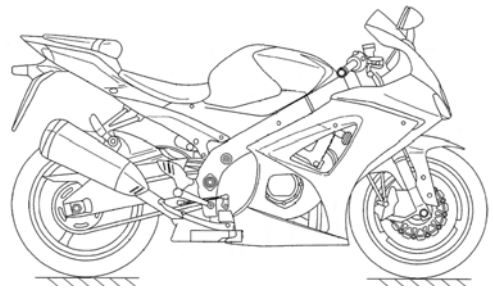
## SECTION 3: DAMAGE SUSTAINED

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:

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**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: \_\_\_\_\_