

Motor Vehicle Insurance Claim

The supply or acceptance of this form is not an admission of liability on the part of the insurer. Please complete ALL sections of this claim form. Unless specifically arranged beforehand, no repairs or alterations to the damaged vehicle should be made unless approved by your insurance underwriter.

Policy Number

Client Code

Insured

Insured's Name

Street Address

Suburb

Postcode

Phone No.

Occupation

Email

What is your Australian Business Number (ABN)?

Are you registered for GST?

Yes

No

To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium?

%

Are you the sole owner of the insured vehicle?

Yes

No

If NO, who is the owner?

Insured Vehicle

Year Make & Model

Rego Number

Rego Expiry Date

Colour

Engine No.

Chassis/VIN

Class of Vehicle

Sedan or Station Wagon

Bus or Coach

Van or Utility up to 2T

Light Construction or earth moving Plant

Rigid Vehicle over 2T and up to 5T

Heavy Construction or earthmoving Plant

Rigid Vehicle over 5T and up to 10T

Trailer

Rigid Vehicle over 10T

Other

Articulated Prime Mover

Other (describe)

Trailer Details (if applicable)

Make

Year

Type

Registration No.

Driver

(for parked or unattended vehicles, the Driver is the Vehicle custodian at the time of loss)

***PLEASE ATTACH A PHOTOCOPY OF DRIVERS' LICENCE - FRONT AND BACK**

Surname

Given Name(s)

Address

Postcode

Phone No.

Date of Birth

Female

Male

Driver Licence No.

Expiry Date

Years Held

Licence Type, e.g Full, Provisional

Registered Owner of Vehicle

Are you an employee?	Yes	No
----------------------	-----	----

If not, state relationship

Have you had any traffic convictions or been involved in any motor vehicle accidents in the past five (5) years?	Yes	No
--	-----	----

If Yes, please give details:

Did you consume any alcohol or take drugs during the 12 hours prior to the accident?	Yes	No
--	-----	----

If Yes, state how much and when:

Did you undergo a breath test or blood test for alcohol or drugs?	Yes	No
---	-----	----

If Yes, what was the result:

Did you refuse to undergo any of the above tests?	Yes	No
---	-----	----

Damage to Insured Vehicles

Was your vehicle damaged?	Yes	No
---------------------------	-----	----

Was your vehicle towed away?	Yes	No
------------------------------	-----	----

Have you obtained a repair quote?	Yes	No	Amount \$
-----------------------------------	-----	----	-----------

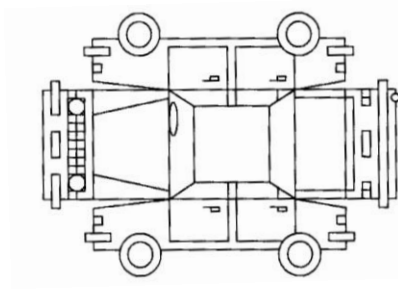
(Attach Quote)

If not driveable where can the vehicle be inspected?

Address/Company

Phone No.

Show the damaged areas to your vehicle on the following diagram



Accident Details

Date _____ Time _____ am _____ pm _____ Vehicle Use: Business _____ Private _____

What was the accident location?

Street _____

Suburb _____

P/Code _____

How did the accident happen?

Please draw a plan of the accident. Show the nearest cross street; street names; centre of the roadway; direction and location of vehicles; location of traffic control signals and other useful information.

Indicated your own vehicle as



Indicated any other vehicles as



Who do you consider was at fault? Myself Other Driver Other

Estimated speed of YOUR vehicle just before the accident

K/PH

Estimated speed of OTHER vehicle just before the accident

K/PH

What was the condition of the road?

Sealed

Unsealed

Smooth

Rough

Wet

Dry

How was visibility?

Good

Moderate

Poor

Were there any witnesses to the accident?

Yes

No

If Yes, please provide names and addresses.

Did Police attend the accident?

Yes

No

If Yes, Police Station

Name/Number of Officer

If No, state time and date reported to Police

Did Police indicate who was responsible?

Yes

No

If Yes, Name of Driver

Did Police charge either driver or suggest action may be taken?

Yes

No

Damage to Other Vehicle or Property

	Vehicle or Property No. 1	Vehicle or Property No. 2
Name of other driver:		
Age:		
Phone No:		
Licence No:		
Vehicle Make & Model:		
Rego No:		
Name of Registered Owner:		
Address:		
Phone No:		

Other Insurance Company:		
Policy Number:		
Description of Damage		

Personal Injuries

Was anyone injured in the accident? Yes No

Name	Type of Injury	Injured Party (Passenger/Driver)	Vehicle Registration No.

Your Bank Details

In the event the claim is successful and the insurer can settle via EFT, please provide the below details

Account Name

BSB & Account Number

Privacy

The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

Internal Dispute Resolution (IDR) Statement

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

Declaration (must be completed)

1. I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.
2. Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect of such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.
3. I/We acknowledge that I/We have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim.
4. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

Date:

Signature of Driver:

Date:

Signature of Insured: