

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 insurer.

Policy Number

Insured Name

Full Address

Phone No. Email

ABN

Are you registered for GST?

Input Tax Credit Percentage?

Please note that if GST is deducted at the time of a claim, you can claim this in your next BAS

Insured Vehicle

Year, Make & Model

Registration Number

Class of Vehicle

Sedan or Station Wagon	<input type="checkbox"/>	Bus or Coach	<input type="checkbox"/>
Van or Utility up to 2T	<input type="checkbox"/>	Light Construction or earth moving Plant	<input type="checkbox"/>
Rigid Vehicle over 2T and up to 5T	<input type="checkbox"/>	Heavy Construction or earthmoving Plant	<input type="checkbox"/>
Rigid Vehicle over 5T and up to 10T	<input type="checkbox"/>	Trailer	<input type="checkbox"/>
Rigid Vehicle over 10T	<input type="checkbox"/>	Other	<input type="checkbox"/>
Articulated Prime Mover	<input type="checkbox"/>		

Trailer Details (if applicable)

Year, Make & Model

Registration Number

Driver

***For parked or unattended vehicles, Driver = Vehicle custodian at the time of loss.**

Driver Name

Full Address

Phone No.

Date of Birth

Female

Male

Driver Licence

Expiry Date

Years Held

Have you had any traffic convictions or been involved in any motor vehicle accidents in the past five years?

If yes, please give details

Did you consume any alcohol or take drugs during the 12 hours prior to the accident?

If yes, state how much and when

Did you undergo a breath test or blood test for alcohol or drugs?

If yes, please provide the result

Did you refuse to undergo any of the above tests?

Yes

No

Damage to Insured Vehicles

Was your vehicle damaged?

Was your vehicle towed away?

Who is your preferred repairer?/Have you obtained a quote?

If not driveable, where can the vehicle be inspected?

Accident Details

Date

Time

Vehicle Use:

Business

Private

Location of accident (including nearest cross street)

Street

Suburb

P/Code

Please describe how the accident happened? Where is the damage on the vehicles?

Who do you consider was at fault?

Myself

Other Driver

Estimated speed of your vehicle just before the accident K/Ph

Estimated speed of the 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

Please provide name, address & phone number

Did Police attend the accident? Yes No

If Yes, Police Station Name/Number of Officer

Damage to Other Vehicle or Property

Name of other driver:	<input type="text"/>
Address	<input type="text"/>
Phone Number:	<input type="text"/>
Licence Number:	<input type="text"/>
Vehicle Make & Model:	<input type="text"/>
Registration Number:	<input type="text"/>
Their Insurance Company:	<input type="text"/>
Claim or Policy Number:	<input type="text"/>
Description of Damage to their vehicle	<input type="text"/>

Was anyone injured in the accident? Yes No

If yes please provide details of injury

Checklist

To expedite your claim, please note that the following is required

- Claim form
- Repairer details
- Third party details
- If your vehicle has severe damage, photos will be required
- Your registration details may also be required

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/Insured: _____