

MOTOR VEHICLE CLAIM FORM



**The Issue of this Form is not an Admission of Liability
by Insurers**

Policy # :

Claim # :

We understand the difficulties arising from your accident.

Please complete and return this claim form as soon as possible, so that your claim will receive prompt consideration by the Insurers.

PLEASE NOTE

1. If your vehicle can be safely driven, a quotation for its repair should be faxed/returned with this claim form.
2. Repairs must not be authorised without Insurer's approval.
3. Licence / permit / registration of the driver (or a photocopy of both sides) should accompany this form (enlarged if possible).
4. If anyone holds you responsible for damage to their vehicle or property, insist their claim be in writing and include two quotations for repairs, which should accompany this form. Do not admit Liability.
5. Insurers / Assessor may suggest a guaranteed repairer supply a quote if needed.

THE INSURED

Surname _____ Other Names _____ Mr, Mrs, Miss, Ms

Address _____

Post Code _____

Occupation _____

Phone Private _____ Business _____

Fax No. _____ Mobile _____

Email _____ Contact Name _____

Are you registered for GST?

No Yes > What is your ABN?

:	:	:	:	:	:	:	:	:	:
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Have you claimed an input tax credit on the GST amount applicable to this policy?

No Yes > Is the amount claimed less than 100% No Yes > Specify amount

Of the GST applicable to the premium? claimed: %

Are you entitled to claim an input tax credit for the repairs or replacement of the vehicle?

No Yes > Is the amount claimable less than 100% No Yes > Specify amount

claimed: %

THE INSURED VEHICLE

Year _____ Make _____ Model _____

Type of body _____ Engine No. _____

Registration No. _____ No. of Cylinders _____ Manual/Automatic _____

Colour _____ Carrying Capacity _____ Tonnes _____

What accessories were fitted to the vehicle? _____

Did you improve/modify the vehicle in any way? No Yes

If yes, specify, indicating improvements/modifications together with costs _____

For what purpose was the vehicle being used at the time of the accident?

Private Business Trade Other _____

Name of registered owner of vehicle _____

Name of Finance Co. (If under hire purchase or lease) _____

Contract No. _____

Has the insured ever made a claim under a motor vehicle policy or been convicted of any offence arising from the use of a motor vehicle? No Yes

If so, give details _____

THE DRIVER

Surname _____ Other Names _____ Mr, Mrs, Miss, Ms

Drivers Address _____

_____ Postcode _____

Telephone No. Private _____ Business _____

Licence No. _____ State of issue _____ Expiry Date _____

Date of Birth _____ Year licensed _____ Occupation _____

Relationship to insured (Spouse, Employee, Friend, etc) _____

Was the vehicle being used with insured's knowledge and consent? No Yes

Approximately how frequently in a period of a year does the driver drive this vehicle? _____

Does the driver hold motor insurance on any other vehicle? No Yes

Had the driver consumed any intoxicating liquor or taken any drugs during 12 hours prior to accident? No Yes

If so give particulars _____

Did the driver undergo a breath analysis test? No Yes

If "yes", advise result of test _____

Did the driver undergo a blood test and/or drug test? No Yes

If "yes", advise result of test _____

Has the driver within the last five years had any insurance or renewal of insurance declined or cancelled or special conditions imposed? No Yes

If yes give details _____

Has the driver within the last five years had an accident, fire or theft involving a motor vehicle and/or made a motor claim against any insurer? No Yes

If yes give details.

Date of Loss	Type of Claim (Theft, Collision, etc)	Amount of Loss	Insurance Company

ATTACH SEPARATE SHEET IF INSUFFICIENT ROOM

THE ACCIDENT

Date of accident _____ Time _____ am/pm Day _____

Place of accident: Street _____
 _____ Town/Suburb _____ State _____

Name of nearest cross street _____

Brief description of accident _____

Estimate speed of your vehicle at time of impact _____ Km/H.

Estimate speed of other vehicle at time of impact _____ Km/H.

Was horn on your vehicle sounded or other warning given? _____

On what side of the road was your vehicle travelling? _____

What were the weather conditions? _____

How many lanes? _____ Which lane were you travelling in? _____

What was the condition of the roadway (Sealed, rough, or otherwise?) _____

Who do you consider responsible for accident? _____

Give reasons _____

Did either party admit liability or make any offer of payment? _____

Which vehicles were towed from the scene? _____

THE OTHER VEHICLE

Owners name _____ Address _____
_____ Postcode _____

Drivers name _____ Address _____
_____ Postcode _____

Driver's approx age _____ Licence No. _____ Phone No. _____

Name of insurer of other vehicle _____ Reg No. _____

Make/Model of vehicle _____ Year _____

Policy No. _____ Colour _____

Give particulars of damage to Third Party (A) vehicle _____

(B) Fixed property _____

Has any demand for this damage been made against you? No Yes

Note: If any other vehicles involved, please attach details.

Please attach any demands.

WITNESSES

Name Addresses and Telephone numbers of witnesses in insured vehicle

Names, Address and Telephone numbers of independent witnesses.

POLICE

Did a police officer attend the accident? No Yes

If "no" state time and date reported to police station _____

Name of police officer _____ Police Station _____

Did police lay any charges against either driver or intimate action may be taken? No Yes

Name of driver charged _____ Nature of charge _____

DAMAGE TO INSURED VEHICLE

Was the insured vehicle damaged? No Yes

Where can the vehicle be inspected? _____

Have you obtained a quotation for repairs? No Yes

Amount \$ _____

PLEASE FORWARD QUOTATION WITH THIS FORM.

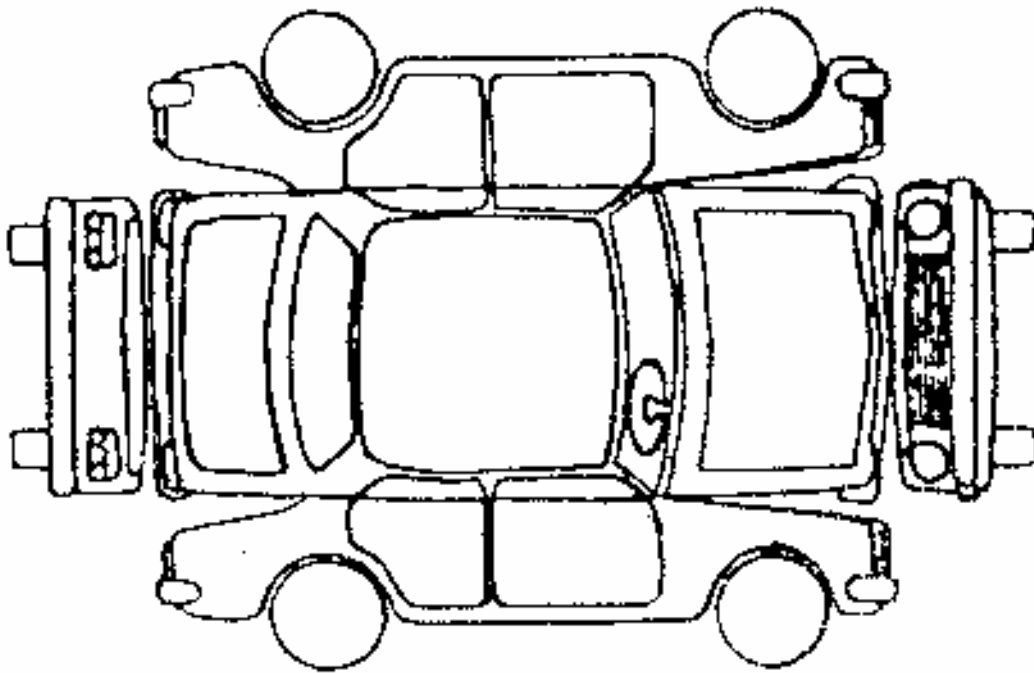
Name of repairer _____

Address _____

_____ Postcode _____

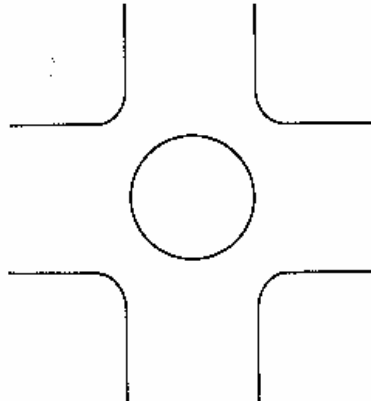
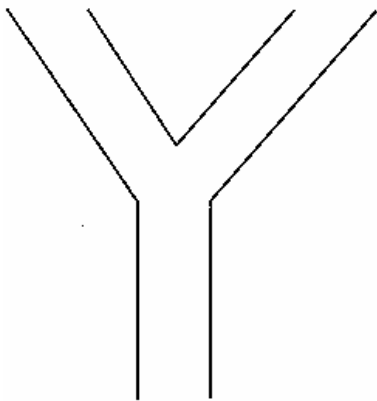
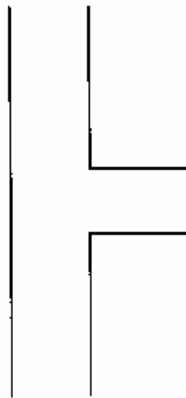
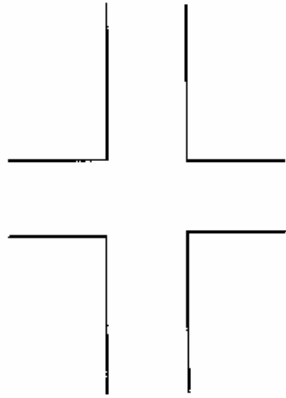
Telephone No. _____ Fax No. _____

Shade in damage to insured vehicle related to this accident.



SKETCH PLAN OF ACCIDENT

Please complete the plan design applicable to the accident. If necessary, alter the design to suit a particular scene. Indicate centre of roadway, direction and location of vehicles, and location and nature of traffic control signs. Insured's vehicle, ■ other party's vehicle Mark point of impact with "X".



To avoid unnecessary delay in processing your claim, it is important that you attach documentation to support :

- **ownership of all property claimed, eg. Original invoices, owners manuals, photos, receipts, etc...**
- **the repair / replacement of your loss. Eg. Original invoices, receipts, etc... by trade suppliers / repairers – itemising the precise nature of their quotation or work under taken eg. Size, model, type, age, hours, cost of labour, parts, prices...**

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.

Dispute Resolution

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

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 in no matter 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.

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 to 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.

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.

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.

Driver's Signature _____ Date _____

Insured's Signature _____ Date _____