



MOTOR VEHICLE CLAIM

The issue or acceptance of this form is not to be construed as an admission of liability on the part of the company.

Shaded areas for office use only. Please print clearly.

Claim Number

1. Your Details

Policy Number

Name of Insured Person

Name of registered owner of vehicle

Date of Birth

Postal Address

Postcode:

Residential Address

Postcode:

Tax Status Registered Business Yes No

ABN

Taxable %

Vehicle is normally garaged in

Lock Up Garage Driveway Street

Telephone Home

Telephone Work

Occupation

Licence Number

Licence Class

Expiry Date

Years licenced in Australia

When was vehicle purchased

Purchase price

If the vehicle is subject to a Finance Agreement, give the name of the Finance Company

Contract Number

2. Insured Vehicle Description

Make (Eg. Holden)

Colour

Model/Type (Eg. Commodore SL)

Year

Body Type (Eg. Sedan)

Factory fitted turbo? No Yes

Transmission: Manual Auto

Number of Gears

Number of Cylinders

Cubic Capacity

Fuel Injection? No Yes

Registration Number

Vin/Engine Number

Have you improved or modified the vehicle in any way? No Yes

Give details (including value) of improvements

Date of Last Service

Is the vehicle serviced regularly? No Yes

Name of service provider

3. Windscreen Breakage

Is this a claim for Windscreen Breakage only?

No Go to 4

Yes State how breakage occurred

Date:

Has the Windscreen been replaced? No Yes

Name of Repairer

Has the account been paid? No Yes

Attach original invoices **Now go to Question 14**

4. Driver Details

Was the vehicle being driven by you at the time of the incident?

Yes Go to 5

No Relationship of driver to you

Driver name

Driver Date of Birth

Licence Number

Licence Class

Expiry Date

Years licenced in Australia

Was vehicle being used with your knowledge and consent?

Yes No

How often does this driver use the vehicle in a year?

5. Drivers Insurance History

Does the driver hold motor insurance on any other vehicle?

No Yes

Name of Insurance Company

Has the driver (within the last five years) had any insurance or renewal of insurance declined or cancelled or special conditions imposed?

No Yes

Give details

Has the driver ever been charged or convicted of any driving or criminal offence?

No Yes

Give details

Date of offence

	/	/
	/	/
	/	/
	/	/

6. Claims History

Have you or the driver (if not you) had an accident or made a claim under a Motor Vehicle Policy in the last 5 years?

No Go to 7

Yes Date

Insurance Company

Details

Amount

\$

7. Description of Incident

Date

Time

am/pm

Where did the incident occur?

Postcode:

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

State fully and clearly how the incident happened. If your vehicle was stolen, give full details of the theft.

8. Vehicle Theft

Are you claiming for the theft of your vehicle?

No Go to 9

Yes Has your vehicle been recovered?

No Yes Now go to 11

9. Accident

Are you claiming for accidental damage or loss?

No Go to **14**

Yes Weather at time of accident

Width of road at place of accident

1 lane each way

2 lanes each way

3 lanes each way

Other

The condition of the roadway was

Wet

Dry

Rough

Other

The condition of the roadway was

Stationary

Parked

Moving

Estimated speed of your vehicle at time of impact km/hr

Estimated speed of your vehicle 25 metres before impact km/hr

On what side of the road was your vehicle travelling?

Had the driver consumed any intoxicating liquor or taken any drugs during the 12 hours prior to the incident?

No Yes Quantity

Was the driver required to undergo a breath or blood test?

No Yes Result

If the accident occurred after dusk, were your park/headlights operating?

No Yes

Did you sound your horn or give any other warning?

No Yes

10. Damage to Insured Vehicle

Was your vehicle damaged?

No Go to **12**

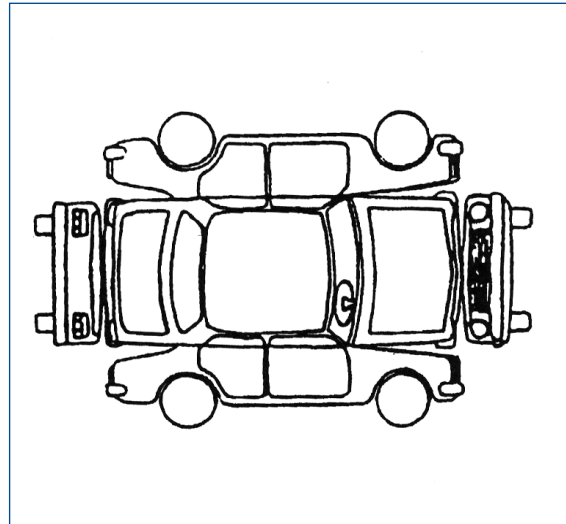
Yes Quotation for repairs supplied by

Address

Postcode:

Attach original quotation to this form.

Shade in damage to insured vehicle (related to this accident)



Where can the vehicle be inspected?

Postcode:

Telephone

Was your vehicle towed from the scene of the accident?

No

Yes By whom?

Please continue overleaf

11. Other Vehicles

Were any other vehicles involved in the accident?

No

Yes Who do you consider to be responsible for the accident?

Why?

Did either party admit liability?

No Yes Which one?

Did either party make an offer of payment?

No Yes

Has any demand for damage been made against you?

No Yes Attach letter of demand

Owner's Name

Driver's Name (if different to above)

Address

Postcode:

Licence Number

Driver's Approximate Age

Telephone

Home

Work

Name of Insurers of other vehicle

Policy Number

Make/Model of vehicle

Year

Registration Number

Colour

Type of Damage to other vehicle

Vehicle

Fixed Property

12. Police

Did a Police Officer attend the incident?

No Did you report the incident to a police station within 24 hours?

No Reason

Yes Date

Time am/pm

Yes Name of Officer

Police Station

Time

am/pm

Police Report Number

Date

 / /

Did Police lay any charges against a driver or indicate that action may be taken?

No Go to **13**

Yes Name of driver charged

Nature of charge

13. Witnesses

In Insured vehicle

Name

Address

Postcode:

Telephone

Home

Work

Independent

Name

Address

Postcode:

Telephone

Home

Work

Please continue overleaf

14. Sketch of Incident

Please complete the sketch below. If necessary, alter the plan to suit your particular incident.

Remember to include:

- Centre of Roadway
- Location and Nature of Traffic Control Signs
- Location of your Vehicle
- Locations of other Vehicles
- Directions of Vehicles
- Point of impact (indicate with an 'x')

15. Declaration

I hereby authorise the Insurer to obtain any report or statement that I have made to the police.

No information likely to affect the acceptance of this claim has been withheld. I understand that this claim may be refused if any information is false, or inaccurate or concealed.

I consent to the Insurer, in assessing or otherwise dealing with this claim, disclosing my personal information to or collecting my personal information from related entities, other insurers, insurance reference bureaux, investigators, or other parties providing services to the Insurer.

The foregoing information is, to the best of my knowledge and belief, true in every respect.

I consent to the Insurer, in assessing or otherwise dealing with this claim, disclosing my personal information to or collecting my personal information from related entities, other insurers, insurance reference bureaux, investigators, or other parties providing services to the Insurer.

I hereby submit the foregoing information in support of my formal claim for indemnity under my policy and I hereby authorise the Insurer to obtain any report or statement that I have made to the police.

Signature of DRIVER

Date

Signature of INSURED

Date

A copy of your registration form and drivers licence must accompany this form