

### MOTOR VEHICLE CLAIM

Claim Number

(Office use only)

The issue or acceptance of this form is not to be construed as an admission of liability on the part of the company. Form can be completed by typing into fields provided, or by printing it out and filling in by hand.

Policy Number

Client Reference Number

### INSURED

Name of Insured

Address

Postcode

Your Business' ABN

Percentage Input Tax credit entitlement for GST

 %

Phone No.

 ( )

Occupation

Are you the sole owner of the insured vehicle?

Yes

No

If No, name of other interested parties

### INSURED VEHICLE

Make & Model

Year

Colour

Rego No.

Engine No.

Chassis No.

Class of Vehicle

Sedan or Station Wagon

Light Construction or Earthmoving Plant

Van or Utility up to 2T

Heavy Construction or Earthmoving Plant

Rigid Vehicle over 2T and up to 5T

Trailer

Rigid Vehicle over 5T and up to 10T

Other

TARE  
WEIGHT

Declared use on registration (Private or Business)

Trailer Details (if applicable)

Make

Type

Year

Rego. No.

### Privacy

We need personal information about you to assess your claim. We will, where relevant, disclose your personal information (other than sensitive information such as health information) to your adviser (and any licensee or broker he or she represents), to co-insurers, to our service providers (including loss adjusters and investigators) and our business partners for this purpose; where relevant, to assess your claim we will also disclose personal information, including sensitive information about you such as health information, to medical practitioners, other health professionals, co-insurers, reinsurers, legal representatives and other consultants. By signing this claim form, you consent to those organisations and other professionals collecting, and us disclosing sensitive information about you for this purpose; if you do not provide the requested information or consent to its collection and disclosure as described above, the assessment your claim may be delayed or we may not accept the claim; we may also disclose personal information about you where we are required or permitted to do so by law; in most cases, on request, we will give you access to the personal information we hold about you.

**DRIVER**

For Parked or Unattended vehicles, Driver = Vehicle Custodian at the time of loss.

Surname

Given Name(s)

Address

Postcode

Phone No.

Date of Birth

Age

Sex

 ( ) Male Female

Current Driver's Licence No.

Expiry Date

Years Licenced

Name of Registered Owner of the Vehicle

Are you an employee? Yes  No

If not, state relationship

Have you had any traffic convictions and/or traffic offences 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 any 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 VEHICLE**

Was your vehicle damaged? Yes  No

Was your vehicle towed away? Yes  No

Have you obtained a repair quote? Yes  No

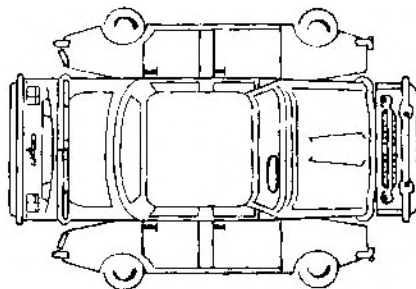
Amount \$  (Attach Quote)

Where can the vehicle be inspected (Full address)

Phone No.

 ( )

Show the damaged areas to your vehicle on the following diagram





**ACCIDENT DETAILS**

Date  Time  AM/PM Vehicle Use: Business  Private   
Day of the Week Mon  Tues  Wed  Thurs  Fri  Sat  Sun   
LOCATION: Street  Suburb  Postcode

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 any other useful information.

Indicate your own vehicle as **A**  Indicate any other vehicles as **B** 

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

If other, why?

Estimated speed of Your vehicle just before the accident  KPH

Estimated speed of Other vehicle just before the accident  KPH

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 or No. of Police Officer

If No, state time, date, place 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  Charge

**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.		
The 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.)

**DECLARATION**

The information and answers given above are true in every detail and no information has been withheld.

Driver's Signature

Date



Insured's Signature

Date