



Motor Vehicle Insurance Claim Form

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 Claim Number

Insured

Insured's Name

Address

Postcode

Phone No Occupation

Are you the sole owner of the insured vehicle?.....Yes No

If NO, who is the owner?

Insured Vehicle

Make & Model Year

Colour

License Plate No
Drivers License No

Class of Vehicle

Sedan or Station Wagon	<input type="checkbox"/>	Bus or Coach	<input type="checkbox"/>
Van or SUV up to 2T	<input type="checkbox"/>	Light Construction or earthmoving 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"/>

Trailer Details (if applicable)

Make	<input type="text"/>	Type	<input type="text"/>
Year	<input type="text"/>	Registration No	<input type="text"/>

Driver

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

Surname	<input type="text"/>	Given Name(s)	<input type="text"/>				
Address	<input type="text"/>		Postcode	<input type="text"/>			
Phone No.	<input type="text"/>	Date of Birth	<input type="text"/>	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
Driver Licence	<input type="text"/>	Expiry Date	<input type="text"/>	Years held	<input type="text"/>		
Registered owner of vehicle	<input type="text"/>						

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

Were you driving with your driver's license Yes No

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

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

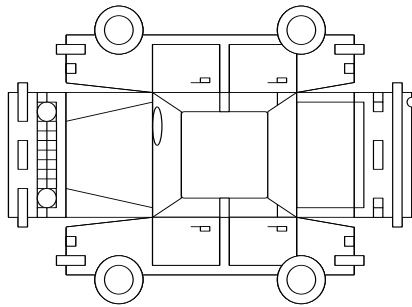
Amount \$
(Attach Quote)

If not driveable where can the vehicle be inspected?

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


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 another 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

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 & addresses

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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 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.)

Internal Dispute Resolution (IDR) Statement

Disputes must be settled with the police or relevant legal authorities before submitting for a claim with the insurer. If you are not at fault, it is your responsibility to arrange payment from the other party. If the other party is insured, we will work with their insurer to recover damages owed.

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.

Driver's Signature: _____

Date: _____

Insured's Signature: _____

Date: _____

How To Make A Motor Vehicle Claim

Whether at fault or not and to avoid delay, it is easier to claim on your Insurer and let them recover for you. Here are the steps to be taken: -

1. Submit this claims form to the insurer
2. Once submitted, the insurer will arrange an inspection of the vehicle by loss adjuster
3. Once claim is approved, the insurer will arrange for repairs at one of their pre-approved garages
4. Once repairs are complete, the insured will approve the repairs completed then the process will be complete

Please note that if you are found at fault in an accident, your premiums may increase as a result.