



MOTOR VEHICLE CLAIM FORM

INSURER: Farmers' Mutual Insurance Limited
Phone: 02 6041 2611
Fax: 02 6021 4435
Email: aust.claims@fmg.co.nz

Issuing Office:
FMG Insurance
PO Box 828
ALBURY NSW 2640

Warning: Failure to supply true or correct information may result in your claim being declined.

OFFICE USE ONLY

Claim No.: Excess: \$ Client No.:

Due Date:

TO ALLOW US TO SETTLE YOUR CLAIM AS QUICKLY AND EFFICIENTLY AS POSSIBLE PLEASE PROVIDE:

1. A fully completed Claim Form. Please ensure full details of the Third Party are supplied.
2. A copy of your current motor vehicle registration papers.
3. A copy of driver's licence for driver.
4. Two quotes from panel beaters. Please ensure that the panel beaters are tradesmen who you would like to work on your car.

Once you have returned this information the claims department will appoint an assessor (if required) and action as necessary.

Thank you.

SECTION 1: DETAILS OF INSURED

1. Full Name:

2. Full Address:

.....

Telephone Nos: Business: Private:

Fax: Mobile:

Email:

3. Occupation:

4. Business Address:

5. Have any of the repairs been paid for?: Yes / No If Yes, please indicate on the account that payment has been made.

SECTION 2: GST DETAILS

1. Are you registered for GST Purposes?

No Yes → What is your A.B.N.?

2. Have you claimed an input tax credit on the GST applicable to this policy?

No Yes → Is the amount claimed less than 100% No Yes → Specify the percentage
of the GST applicable to the premium? amount claimed.....%

3. Are you entitled to claim an input tax credit for repairs or replacement of the damaged vehicle/items?

No Yes → Is the amount claimable less than 100%? No Yes → Specify the percentage
of the GST applicable to the premium amount claimed.....%

SECTION 3: VEHICLE

Year: Make: Model: Type: Reg No.

1. Give details of Loan/Finance/Mortgage Agreement etc.:

.....

2. Give details of any modifications from the maker's standard specifications:

.....

3. Registration current to:// Issued by:

SECTION 4: DETAILS OF ACCIDENT

1. Date of accident:// Time of accident:am/pm

2. State exact place of accident:

.....Township:

3. State precise purpose for which vehicle was being used at time of accident:

.....

4. On whose property was the vehicle being used:

5. Was vehicle engaged in: Private: Business: Farming: Contracting activities?

(a) Give details of type of business or contracting undertaken:.....

6. Road Condition (tick appropriate box): Sealed Metal Wet Dry Other

7. Describe fully how the accident happened?

.....

.....

.....

.....

8. What was the speed of your vehicle prior to braking before accident?

9. What signal did you give?

10. What signal did the other driver give?

SECTION 4: DETAILS OF ACCIDENT continued

11. What lights on your vehicle were operating?

(a) Were any lights known to be faulty?

12. Do you think that the other driver caused or contributed to the accident? If so, in what way?

.....

.....

13. Names and address of passengers in the vehicle at the time of the accident:

Name	Address	Telephone
.....
.....
.....
.....

SECTION 5: DRIVER OR PERSON IN CHARGE OF THE VEHICLE AT TIME OF ACCIDENT

(To be completed whether insured driving or not)

1. Full Name:.....Date of Birth:

2. Postal Address:

Telephone Nos.: Business:Private:

3. Occupation:

4. What type of Driver's Licence held? Learner/Provisional/Full (Select one)

Licence Details:

Number	Date of Issue	Date of Expiry	Classes Covered	How Long Held
.....YrsMths

5. Has Driver, during the past 5 years:

(a) Been convicted of a traffic offence? Full Details: *(Each offence, year occurred, action taken)*

.....
.....
.....

(b) Had Licence endorsed, suspended or cancelled? Full Details: *(Year occurred, nature of charge)*

.....
.....

(c) Been involved in any previous vehicle accidents? Full Details:

.....
.....

SECTION 5: DRIVER OR PERSON IN CHARGE OF THE VEHICLE AT TIME OF ACCIDENT continued

- 6. Does driver suffer from any defect of hearing or other physical infirmity? Full Details:
.....
.....
- 7. Did driver consume any drugs or intoxicating liquor during 12 hours prior to the accident? Yes No
If so, state precise quantity and type:
.....
- 8. Was a breath and/or blood test taken or requested? Yes No
Give details: Reading Results:.....
- 9. Was a trailer/caravan being towed?
- 10. IF DRIVER OTHER THAN INSURED:
 - (a) Do you own a vehicle? Yes No If so, who are the Insurers?
 - (b) Relationship to Insured: (c) Were you driving with Insured's permission?

SECTION 6: DAMAGE (OWN VEHICLE)

- 1. Description of Damage:
.....
.....
- 2. Where is vehicle to be repaired: Estimate for repairs: \$
- 3. Where is vehicle now? Is your vehicle mobile? Yes No

NB - REPAIRS MAY NOT BE INITIATED WITHOUT INSURER'S PRIOR CONSENT

SECTION 7: DAMAGE (OTHER VEHICLES AND PROPERTY)

- 1. Name and address of Owner of other vehicle:
.....
- 2. Name and address of Driver of other vehicle:
.....
- 3. Registered number and make of other vehicle:
- 4. Name and address of Insurers of other vehicle:.....
.....
- 5. Details of damage of other vehicle:
.....
- 6. Details of damage other property:.....
.....
- 7. Name and address of Owner of other property:.....
.....
- 8. Has any claim been made against you?:(Any written claim must be passed to the Insurer, unanswered)

SECTION 8: POLICE DEPARTMENT

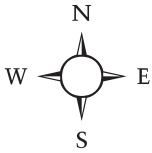
1. Was accident reported to Police? If so, where and when?
2. If known, state name and/or number of Police Officer:
Event no.
3. Is there any possibility that any person will be charged as a result of this accident, if so whom?

SECTION 9: INDEPENDENT WITNESSES

Name	Address	Telephone
.....
.....
.....
.....
.....
.....

SECTION 10: SKETCH OF ACCIDENT

Please draw sketches showing position of vehicles and path of travel. It is important to detail all road signs, markings, distances, street names and direction of travel.



SECTION 11: THE PRIVACY ACT 1988

The Privacy Act 1988 requires us to tell you that we are collecting personal and other information so that:

- We can process your claim.
- We can calculate your loss.
- Determine our liability.
- Compile information for future product development.
- Handle your claim efficiently.

This may also mean that we are required to disclose your personal and other information to third parties such as other insurers, assessors, investigators, agents, or as required by law.

You have the right to have access to your personal information at anytime and to correct this information if required. This can be done by contacting us on (02) 6041 2611 during normal office hours.

SECTION 12: DECLARATION

1. Is there any other Insurance Policy in force in respect of your vehicle?
2. Have you or your driver, ever had a proposal or policy of motor vehicle insurance withdrawn, declined or cancelled?
.....

I/We acknowledge that I/we have read and understood the information concerning the Privacy Act 1988, detailed above. I/we agree for FMG Insurance to collect, store, use, and disclose my/our personal and sensitive information. I/we acknowledge that the collection of this information is a requirement to allow FMG Insurance to process my/our claim.

I/We agree to FMG Insurance releasing to the other parties information regarding this claim.

I/We declare the foregoing details to be true and promise to render to the Company all possible assistance in dealing with this claim. I/We confirm that the Company may instruct at their discretion any Solicitor to act on my / our behalf in respect of any claim or proceedings as the Company may consider desirable in my / our interest or their own.

I/We intend to claim indemnity under my / our policy in respect of this accident and authorise the repairer approved by the assessor appointed by the Company to carry out all repairs under the supervision of that assessor and to accept instructions on my / our behalf.

Signature of Driver: Date

Signature of Insured:..... Date