

Motor Vehicle Claim Form

Claim Number (if known): _____

1. Insured

- a) Name of Insured: _____
- b) Occupation: _____
- c) Contact Person: _____
- d) Telephone No.: Home No.: _____
Business No.: _____
Mobile No.: _____
- e) Email: _____
- f) Address: _____
- g) Policy No.: _____
- h) Excess: _____
- i) Inception Date: _____
- j) Expiry Date: _____
- k) Are you registered for GST: Yes No
- l) ABN No.: _____

2. Interested Parties

- a) Is the property being claimed for under a Financial Agreement? Yes No
- b) Name of Financier: _____
- c) Telephone No.: Home No.: _____
Business No.: _____
Mobile: _____
- d) Email: _____
- e) Address: _____

3. Vehicle Details

- a) Year: _____
- b) Make: _____
- c) Model: _____
- d) Body Type: _____
- e) Rego No.: _____
- f) Chassis No.: _____
- g) VIN/Engine No.: _____
- h) Has the Vehicle been modified in any way? Yes No
If YES, please give details below:
- i) Modification Details:

	Value:
--	--------

ii) Additional Accessories Details:

Value:

i) Who is the registered owner of the vehicle? _____

4. Driver Details

a) Driver's Name _____

b) Driver Address: _____

c) Telephone No.: _____ d) Date of Birth: _____

e) Licence No. _____ f) Class: _____

g) Expiry Date: _____ h) Years held: _____ years

i) Licence status: Learner Full/ Open Never Licensed
 Restricted Overseas Disqualified

j) Was the Vehicle being used with the Insured's consent? Yes No
 If YES, reason for use? (Business, Private, etc.) _____

k) How often does the driver use this Vehicle in a year? _____

l) Did the Driver consume any alcohol or drugs during the 12 hours before the Accident? Yes No
 Quantity: _____

m) Was the Driver tested by the Police for alcohol or drugs? Yes No
 Result: _____

n) Does the driver hold motor insurance on any other Vehicle? Yes No
 If YES, please provide details of the Insured and policy:

--

5. Accident or Theft Details

a) Date of Occurrence: _____ b) Time of Loss: _____

c) Location: _____

Accident: Describe events before, during and after the accident (include no. of lanes, speed, parked, reversing etc.)

Theft: Describe events from time parked until discovered missing (include who made discovery and any action)

--

d) Please provide a sketch a diagram of the accident scene and show the Vehicle(s) with the following identification.

Symbols to use

 traffic sign	 witness
 traffic lights	 pedestrian
 your vehicle (black)	
 third party Vehicles TP1, TP2, TP3	

Example diagram for Vehicle



Check List please show

- Street names
- Distances
- Lanes/Lines markings
- Traffic signals/signs

TP1 Registration _____

TP2 Registration _____

TP3 Registration _____

e) Road conditions: Wet Dry Sealed Unsealed
 Day Dusk Night Dawn

f) Describe what the Vehicle was being used for at the time:

g) Who do you believe is at fault and why?

h) Was their any admission of responsibility for the accident? Yes No

If YES, please give details:

Theft

a) Where was Vehicle stolen from? _____

b) Was the Vehicle locked? Yes No

c) Are there duplicate keys? Yes No

d) Where were the keys at the time? _____

e) Who has each set of keys? _____

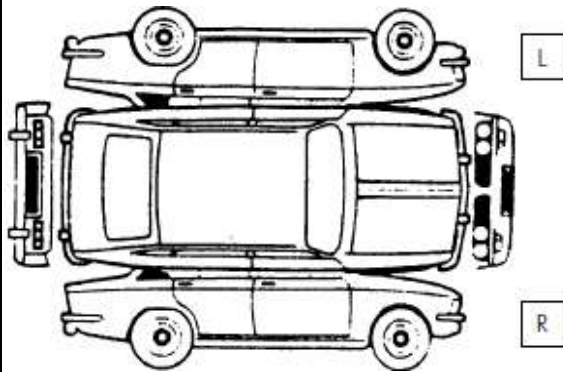
- f) Was the Vehicle alarmed? Yes No
- g) Was the Vehicle fitted with an immobiliser? Yes No
- i) If YES, was alarm or immobiliser turned on? Yes No
- ii) If not turned on, why not? _____
- h) Has the Vehicle been recovered? Yes No
- i) If YES, by whom: _____
- i) Where recovered? (if recovered, please complete Damage Section of Claim Form)

Please include details of Last Person in Charge of Vehicle or Last Driver in Driver's Section of Claim Form.

- j) **Damage:** Please show damage on vehicle using diagram to assist.

Interior Engine Undercarriage All over

Describe the damage



- k) Is the Vehicle driveable? Yes No
- l) Was the Vehicle towed? Yes No
- m) Who towed the Vehicle? _____
- n) Where can your Vehicle be inspected? _____

Please attach any quotes that have been obtained.

6. Police

Have the Police been notified? Yes No Reason: _____

If YES, please provide details:

Police Station: _____

Reporting Officer: _____

Police Report No. _____ Date Reported: _____

Did the Police attend the scene? Yes No

Were any charges laid or indications made of further action?

Yes No

Give details (who and what):

7. Witnesses

Were there any witnesses to the event?

Yes No

If YES, please complete the following:

First Witness

Name: _____

Address: _____

Telephone No.: _____

Where was the Witness when the accident occurred?

Second Witness

Name: _____

Address: _____

Telephone No.: _____

Where was the Witness when the accident occurred?

8. Third Party Details

a) Year: _____ b) Make: _____

c) Model: _____ d) Body Type: _____

e) Rego No.: _____ f) Colour: _____

g) Owner's Name: _____

h) Owner's Address: _____

i) Telephone No.: Home No.: _____

Business No.: _____

Mobile: _____

j) Describe the damage done to the other vehicle:

k) Name of Other Party's Insurance Company: _____

l) Other Party's Policy No.: _____

If you have received any demands or notices from anyone, please submit with Claim Form.

9. Insurance History

- a) Have you or the driver had any insurance or renewal of insurance declined or cancelled or special conditions imposed in the last 5 years? Yes No

If YES, please provide details:

- b) Have you or the driver been convicted of or had any fines or penalties imposed for any criminal offence? Yes No

If YES, please provide details:

- c) Have you or the driver had an accident or made a claim on a motor vehicle insurance policy in the last 5 years? Yes No

If YES, please provide details:

- d) Have you or the driver been convicted of or had any fines or penalties imposed for any driving offence (such as speeding, disobeying traffic lights etc.) in the last 5 years? Yes No

If YES, please provide details:

Declaration

- I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld.
- I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.
- I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information then the Insurer will be unable to process my/our claim.

Signature of Insured:

Date:

Signature of Driver
(if different from insured name):

Date:
