

Motor Vehicle Claim Form

POLICY DETAILS

Insured

Policy no.

Expiry date

Underwriter

INSURED DETAILS

Contact name

ABN

Registered for GST?

Yes

No

Input tax credit

%

Address

%

State

Postcode

Contact numbers

Business / Private

Mobile

Email

DRIVER DETAILS

Driver's name

Date of birth

Driver's relationship to insured

Contact no.

Licence no.

Exp.

Years licence held for

Has the driver had any motor offences / speeding fines in the last 5 yrs?

Yes

No

If yes, details

Were any drugs / alcohol consumed 24 hrs prior to accident?

Yes

No

YOUR VEHICLE DETAILS

Make / Model

Year

Reg no.

Is money owed on vehicle?

Yes

No

Amount owing \$

Who is the lender?

Has vehicle been modified?

Yes

No

Did the vehicle have any unrepaired damage?

Yes

No

If yes to either question, please provide details

ACCIDENT DETAILS

Date of accident	Approximate time	am	pm	
Where did the accident occur?				
What was the vehicle being used for at the time of the accident?	Private use	Business use		
Road conditions at the time of accident (eg. wet/dry, sealed/unsealed)				
Approx speed before braking	Your vehicle	Km/ h	Other vehicle	Km/ h
Where has your vehicle been damaged?				
Was your vehicle towed?	Yes	No	If yes, where to?	
Towing company			Phone no.	
Description of accident				
In your opinion who was responsible for the accident and why?				

Detailed diagram noting any signals in use, traffic lights / road signs

OTHER PARTY'S DETAILS (If Applicable)

Driver's name of other vehicle	
Address	
Contact numbers	
Make / Model of vehicle	Reg no.
Insurance Co. / any other information obtained	
Where has their vehicle been damaged?	

INDEPENDENT WITNESS DETAILS (If Applicable)

Witness (1) name	Phone no.
Address	
Witness (2) name	Phone no.
Address	

POLICE DETAILS (If Applicable)

Please tick if the following apply Police attended the accident Accident was reported to a police station

Name of officer Station

Date reported Was either driver charged with an offence? Yes No

If yes, please provide details

Did either driver undergo a breath test with a result over the legal limit? Yes No

REPAIRER DETAILS

Repairer name

Address Phone no.

REMINDER - ATTACHED DOCUMENTATION

Quote for repairs to your vehicle	Attached?	Yes	No
Quote / letter regarding damages to other vehicle or property	Attached?	Yes	No
Other correspondence	Attached?	Yes	No

DECLARATION

I / we hereby declare that the information and answers are true and correct and that no information has been withheld.

I / we understand that in the event of theft and the property is recovered it becomes the property of the insurer.

Signature of insured Date

Signature of driver Date

The *Privacy Act 1988* requires us to tell you that we as a broker and the insurer may collect your personal and sensitive information in order to calculate your loss and entitlements, determine liability, compile data and handle claims. When handling claims we and the insurer may have to disclose this information to third parties such as other insurers, loss adjusters, external claims data collectors, investigators and agents and other parties as required by law.

If you wish to access this information please contact us or the insurer.

Further comments

SUBMIT YOUR CLAIM

