



Motor Vehicle Claim form

If you need any help with this form, please contact us.

- If you knowingly supply any untrue or false information, you risk your claim being declined and your policy being cancelled.
- We recommend that you read the Claims section of your policy.
- Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A".
- **Do not** incur any expense (unless it is to protect your property or reduce the loss) or admit fault, without our permission.

PART A: About you (the Policyholder/s)

Name **Policy number**

Postal address

Number/Street Suburb

Town/City Postcode

Contacts

Contact person (if different from above)

Mobile phone Email

Preferred method of contact phone text email If phone, best time to contact am pm

Bank details If your claim is accepted and you wish to be paid direct into your bank account, please provide the details below

Payee name (if different from above)

Bank account

PART B: About your vehicle (the Insured Vehicle)

Year **Make** **Model**

Registration no

(If no registration number, please provide a description of the vehicle)

Has the vehicle or engine been modified? yes no

If 'yes', please give details

PART C: About the driver (or person in charge)

Name male female

(if different from PART A)

Postal address (if different from PART A)

Number/Street Suburb

Town/City Postcode

Contacts (if different from PART A)

Contact person

Mobile phone Email

Preferred method of contact phone text email If phone, best time to contact am pm

Driver's licence details

Date of birth Licence no. Version

Full Restricted Learner Class Endorsements

Country of issue Date issued Expiry date

1. What is driver's relationship to the policyholder?

I am the policyholder Husband Wife Son Daughter Other (give details)

If the driver was not the policyholder:

a. Was the vehicle being used with the policyholder's permission? yes no

If **'no'**, please give details

b. Does the driver own and insure a vehicle? yes no

If **'yes'**, please give details of who it is insured with

2. In the past 5 years, has the driver been:

a. involved in a motor accident, when they were driving? yes no

b. convicted of a driving offence or issued with an offence or infringement notice, including speeding? yes no

c. had their licence endorsed, cancelled or suspended? yes no

If **'yes'**, please give details

3. Has the driver ever been refused vehicle insurance or had a policy cancelled or not renewed? yes no

If **'yes'**, please give details

4. In the 12 hours before the accident, had the driver consumed or used any alcohol, drug or intoxicating substance? yes no
 If 'yes', please give details (i.e. what, how much and when)

5. After the accident, did the driver have a:
- a. breath test? yes no
- b. blood test? yes no

If 'yes', please give details of result/s

PART D: About the accident

1. When did the accident happen? Date Time am pm

2. Where did the accident happen? (street, town or off-road location)
-

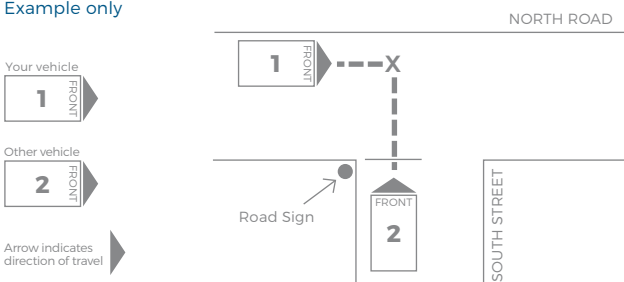
3. Was anyone injured in the accident? yes no
 If 'yes', please give details

4. Did the Police attend? yes no
 If 'yes', please provide the Police report number

5. Did the Police lay or mention laying charges against those involved in the accident? yes no
 If 'yes', please advise who and what the charge is or likely to be

6. Please attach full details of what happened and include a sketch of the road layout (include details such as street names, road markings, road signs, traffic lights, traffic islands, direction of travel, etc.)

Example only



7. For what purpose was the vehicle being used?

8. What were the weather conditions?

Rain Overcast Fog Sunny Clear night

9. What were the road conditions?

Sealed Unsealed/Gravel Wet Dry Ice

10. Please advise who you feel is at fault for the accident and why?

If you feel the other party is at fault, did they admit it was their fault?

yes no

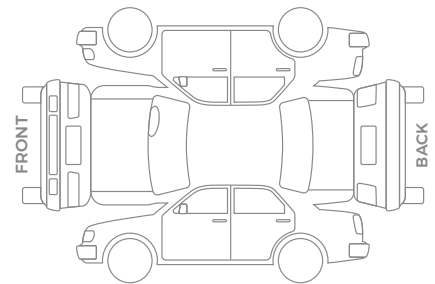
11. Was your vehicle damaged?

yes no

If **no**, go to PART F

PART E: About the damage to your vehicle

1. Please describe the damage to your vehicle and mark on the diagram below



2. Did your vehicle need to be towed?

yes no

If **yes**, please provide details of the towing company

3. Have you chosen a repairer?

yes no

If **yes**, please provide details of your repairer, when your vehicle will be taken in for repair and the repair estimate

Name Phone

Address

Repair booking: Date Time am pm Estimate Not arranged yet

PART F: About the damage to the other vehicle or property

1. Other vehicle damage not applicable

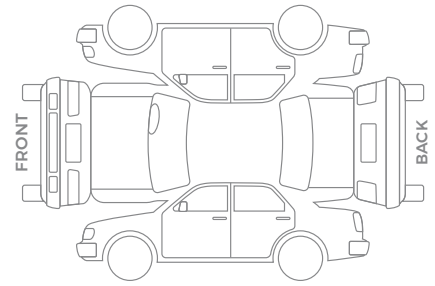
Owner/driver: Name Phone

Address

Email

Vehicle details: Year Make Model Reg. no

Please describe the damage to the other vehicle and mark on the diagram below



2. **Damage to property** not applicable

Description of property	Name and address of owner	Insurer (if known)

PART G: About any witnesses

Were there any witnesses? yes no
 If 'yes', please give details

Name Phone Passenger? yes no

Address

Name Phone Passenger? yes no

Address

PART H: General questions

1. **Is there any other insurance, either yours or the driver's which covers this loss or damage?** yes no
 If 'yes', please give details

2. **In the past 5 years, have you been:**

a. involved in a motor accident, when you were driving? yes no

b. convicted of a driving offence or issued with an offence or infringement notice, including speeding? yes no

c. had your licence endorsed, cancelled or suspended? yes no

If 'yes', please give details

3. Have you ever had an insurance policy declined, or had special terms imposed? yes no
If 'yes', please give details

4. Are you the sole owner of the vehicle? yes no
If 'no', please give full details of any other person who has a financial interest in the vehicle (e.g. finance company, lease company, another person)

Name	Address	Phone

PART I: Declaration and signature

I/We agree and declare that:

- 1. **Material facts**
 - a. All information given in connection with this claim (whether oral or written) is true and correct;
 - b. No information relevant to the claim has been omitted or withheld.
- 2. **Use of information**
 - a. My personal information collected in connection with this claim may be disclosed to:
 - i. Other members of the insurance industry and Insurance Claims Register Ltd;
 - ii. Parties repairing or replacing the items of the claim;
 - iii. Parties who have a financial interest in the items of the claim and/or policy;
 - b. My personal information held by any other parties in connection with this claim may be disclosed to my insurer.

Please note

- Your insurer gathers information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you do not provide it, or if you provide any false, untrue or misleading information, your insurer may decline your claim. This information is held by us and your insurer and you may access it. It may be passed onto other insurers you deal with, repairers and mortgagees, etc.
- Your claims history is passed onto, and held by, the Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.

Signed on behalf of all policyholders/insureds

Signature

Dated

Print name