

MOTOR VEHICLE CLAIM FORM



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PART A: THE INSURED

Name: _____ Policy number: _____

POSTAL ADDRESS
Number/Street: _____ Suburb: _____

Town/City: _____ Phone: _____ Postcode: _____

PART B: THE INSURED VEHICLE

1. Year: _____ Make: _____ Model: _____ Reg. No.: _____

2. Is this vehicle subject to a finance arrangement of any kind? Yes No
If "Yes" please give details: _____

3. Has the vehicle or engine been modified from the maker's standard specification? Yes No
If "Yes" please give details: _____

4. Is there any other insurance on the vehicle or accessories? Yes No
If "Yes" please give details: _____

PART C: DETAILS OF DRIVER OR PERSON IN CHARGE OF INSURED VEHICLE

Full Name (Mr, Mrs, Miss, Ms) _____

Address: _____ Suburb: _____

Town/City: _____ Phone: _____ Postcode: _____

Date of Birth: _____ Diver Licence Number: _____

Licence Issue Date _____ Licence Expiry Date: _____

Licence Classes/Endorsements: _____ Licence Version Number: _____

Date and Country of Issue: _____

1. Did the driver have the owners permission to drive the vehicle? Yes No

2. Relationship to the Policyholder? _____

3. If not the Policyholder do you own a vehicle? (name of insurance co) _____

4. Has the driver ever been refused vehicle insurance or had a policy cancelled or not renewed? Yes No

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5. In the past 5 years has the driver:

(a) Been involved in a motor accident?

Yes No

(b) Been convicted or a driving offence or issued with an offence or infringement notice (including speeding)

Yes No

(c) Been disqualified from driving or had licence endorsed, cancelled or suspended?

Yes No

If Yes, please give details

PART D: DETAILS OF ACCIDENT

1. When did the accident happen? Day: _____ Date: _____ Time: _____ AM PM

2. Where did it happen? (street and town): _____

3. Please provide full details of your journey: _____

4. Please provide full details of what happened: _____

5. If the insured vehicle was being driven when the accident happened:

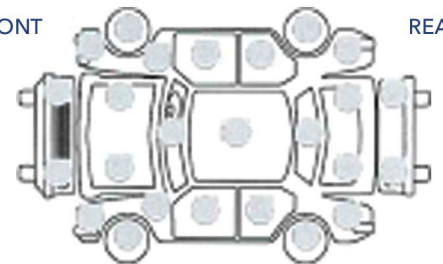
(a) Did the driver consume or use any alcoholic liquor, drug or intoxicating substance in the 12 hours before the accident? Yes No

If 'Yes', please give details: _____

(b) Was the driver required to provide the Police with a breath and/or blood sample? Yes No

PART E: DAMAGE TO INSURED VEHICLE

1. Please describe the damage to your vehicle and show it on the diagram _____ FRONT REAR



2. Did the vehicle need to be towed? Yes No

Name of towing company: _____

3. Name of repairer: _____ Telephone: _____

4. Address of repairer: _____

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PART F: OTHER VEHICLE OR PROPERTY DAMAGED

1. Other vehicle owned/driven by: _____ Telephone: _____

Address: _____ Insurer: _____

Other vehicle - Make: _____ Model: _____ Reg. No.: _____

Details of damage to other vehicle: _____

2. Details of damage to other property: _____

Owners name and address: _____

PART G: LIABILITY FOR THE ACCIDENT

1. Did anyone get hurt in the accident? Yes No

If 'Yes', can you please advise who, their relationship to the driver and known extent of the injuries _____

2. Who do you consider to be to blame? _____

3. What is your reasoning? _____

4. Did anyone admit liability? Yes No

If 'Yes', who: _____

5. Did the police attend the accident? Yes No

If 'Yes', please give officer's name and number: _____

PART H: WITNESSES TO THE ACCIDENT

Were there any witnesses? Yes No

1. Name: _____ Passenger: Yes No

Address: _____ Telephone: _____

2. Name: _____ Passenger: Yes No

Address: _____ Telephone: _____

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PART I: DECLARATION AND SIGNATURE

I declare that:

1. THE INSURER IS AUTHORISED TO MOVE THE VEHICLE TO A CLAIMS ASSESSING CENTRE FOR EXAMINATION AND ASSESSMENT

2. MATERIAL FACTS

- (a) All information given to the insurer in connection with this claim (whether oral or written) is true and correct;
- (b) No information relevant to the claim is omitted.

3. USE OF INFORMATION

- (a) My personal information collected by insurer in connection with this claim may be:
 - (i) disclosed to other members of the insurance industry and Insurance Claims Register Limited;
 - (ii) disclosed to parties repairing or replacing the subject matter of the claim;
 - (iii) disclosed to parties who have a financial interest in the subject matter of policy;
 - (iv) used by insurer to advise me of its other services
- (b) My personal information held by any other parties in connection with this claim may be disclosed to the insurer.

Please note:

We gather 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 or untrue information, we may decline your claim.

Your claims history is passed onto, and held by, Insurance Claims Register Limited. This enables other insurers you deal with to access it, and prevents fraudulent claims.

SIGNED BY THE DRIVER

Signature _____ Date _____

ON BEHALF OF ALL APPLICANTS

Signature _____ Date _____