

MOTOR VEHICLE ACCIDENT CLAIM FORM

Insurer	Policy No
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To ensure that you do not incur any unnecessary GST Liabilities on this claim settlement please advise your:

a)	Australian Business Number (ABN) if applicable
b)	Entitlement to an Input Tax Credit in respect of the: (i) insurance premium _____ % and ; (ii) vehicle which is subject of this claim _____ %

Contact	Phone	Fax
Email		

NAMED INSURED

OCCUPATION

DRIVER DETAILS

Mr/Mrs/Miss/Ms	Surname	Given Names
Occupation	Phone No (Work)	
Licence No (<i>Attach Copy</i>)	Expiry Date	D.O.B.
Period Licensed	Years	Months

Have you ever been convicted of any traffic offence or had your licence suspended? YES NO

If so, give details:

Did the Driver consume any alcohol or drugs during the 12 hours before the accident? YES NO Quantity

Were you required to undergo a breath test analysis? YES NO If yes, what was the reading?

If another person driving the car, was he/she driving with your consent? YES NO

Use of vehicle at the time of accident/loss? BUSINESS PRIVATE

INSURED VEHICLE DETAILS

Vehicle Registration No. Exp. Date Make & Model Year

Description of damage to vehicle



Have you obtained a repair quote? YES NO

If yes, please attach

Where can the vehicle be inspected (*please state full address*)

THIRD PARTY DETAILS

Driver's Name (shade the areas damaged)

Address

Owner's Name

Address



Vehicle Registration No. Exp. Date Make & Model Year

Licence No. D.O.B.

Name of Insurance Company Policy No.

Description of Damage

Estimated Amount \$

IF MORE THAN ONE VEHICLE INVOLVED PLEASE ATTACH DETAILS

ACCIDENT DETAILS







Date of accident		Time of Accident		<input type="checkbox"/> AM	<input type="checkbox"/> PM
Place of accident		Town			
Speed at time of accident		YOUR Vehicle	_____ km/h	OTHER Vehicle	_____ km/h
Traffic Signal Given		YOUR Vehicle		OTHER Vehicle	
Weather Conditions	<input type="checkbox"/> SUNNY	<input type="checkbox"/> OVERCAST	<input type="checkbox"/> RAINING	<input type="checkbox"/> OTHER	<i>If other, please specify</i>
Condition of Roadway	<input type="checkbox"/> WET	<input type="checkbox"/> DRY	<input type="checkbox"/> ROUGH	<input type="checkbox"/> OTHER	<i>If other, please specify</i>
Description of Accident					

Who do you believe is at fault?	Surname		Given Names	
Reason why?				

Sketch plan of accident in this space

Please show the name(s) of street(s)

SYMBOLS FOR PLAN

Persons		Traffic Sign	
Your Vehicle		Stop Sign	
Other Vehicle		Give Way Sign	

WITNESS

Were there any witnesses to the accident?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Witness No 1	Name			
	Address			
Type of witness		<input type="checkbox"/> INDEPENDENT	<input type="checkbox"/> YOUR VEHICLE	<input type="checkbox"/> OTHER VEHICLE
Witness No 2	Name			
	Address			
Type of witness		<input type="checkbox"/> INDEPENDENT	<input type="checkbox"/> YOUR VEHICLE	<input type="checkbox"/> OTHER VEHICLE

POLICE

Were police advised of the accident?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Attend accident?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Police officer's name & No			Police Station		
Has either driver been charged?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>If yes, name</i>		
Offence(s)					

DECLARATION

Privacy The Privacy Act 1988 requires the insurer to tell you that they collect your personal and sensitive information in order to calculate your loss and entitlements, determine their liability, compile data and handle claims. When handling claims, they may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, external claims data collectors, investigators and agents, to the Insurance Reference Services (IRS), etc. or other parties as required by law. You have the right to seek access to your personal information and to correct it at any time. Please contact us on (02) 9570 8355 9am- 5pm, Mon-Fri and advise the changes.

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 I/We have read and understood The Privacy Act 1988 information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim. 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		Date	