

MOTOR VEHICLE CLAIM FORM

N.B. This form must be completed by the driver.

Please answer all questions. If not applicable, please write N/A

Pursuant to the Privacy Act 1993 the following ins brought to your attention.

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| (a) This claim form collects personal information about you; | (d) The collection of this information is required pursuant to the terms of your insurance policy; |
| (b) The information is collected to evaluate your claim; | (e) The failure to provide this information may result in your claim being declined; |
| (c) The intended recipient of the information is: The Insurer named below (hereinafter called " the Company") and is being held by them at their head office | (f) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993. |

Claim No : Policy No :

Insurance Coy : Due Date :

Branch : Excess : Premium Paid : Y / N

1. POLICYHOLDER

Surname of Insured:
OR Name of Company:

First Names of Insured:

Address:

Contact Telephone numbers: (Home)
(Business)

Email:

Name of any other party with financial interest in the vehicle:

Is there any other insurance on the vehicle or accessories:

YES ☐ NO ☐

INSURED VEHICLE

MAKE:

MODEL:

TYPE: (eg. Van, Car Artic, Flat-top etc.)

YEAR: REG NO:

Has the vehicle been modified in any way:

Is the vehicle a used import: YES ☐ NO ☐

Has the vehicle a current Certificate of Fitness: YES ☐ NO ☐

2. PERSON DRIVING OR IN CHARGE OF THE INSURED VEHICLE (to be completed, even if parked)

Full Name (Mr/Mrs/Miss/Ms):

Address:

Date of Birth / /

Occupation:

Telephone No: H: B:

Relationship to policyholder:

Driver Licence No: Type: Year Held:

Date & Country of Issue:

Licence Classes: (Please List)

Licence Special Conditions: (Please List)

1. Was the vehicle being driven with the owner's consent?

YES ☐ NO ☐

IF "NO" PLEASE PROVIDE DETAIL

2. Is he/she the main driver of the Insured vehicle?

YES ☐ NO ☐

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

YES ☐ NO ☐

IF "YES" PLEASE PROVIDE DETAIL

4. Did driver consume liquor and/or drugs (include. Medication) with in 24 hours prior to the accident?

YES ☐ NO ☐

5. Did the Police attend?

YES ☐ NO ☐

6. Was a breathalyzer, or blood test, or any other such test done?

YES ☐ NO ☐

7. During the past 5 years, have you:

(i) Been convicted of any offence other than parking (type and penalty)

YES ☐ NO ☐

(ii) Had any other accident, loss of claim in connection with any motor vehicle (brief details of year/cost/insurance coy)

YES ☐ NO ☐

3. DETAILS OF OTHER PERSONS

Passengers in your vehicle

Name
Address
Telephone
Name
Address
Telephone

Independent Witnesses

Name
Address
Telephone
Name
Address
Telephone

Driver/Owner of other vehicle or property

Name
Address
Telephone Insurance Coy
Details of vehicle /property
Registration Number

Name
Address
Telephone Insurance Coy
Details of vehicle /property
Registration Number

4. DETAILS OF LOSS OR ACCIDENT (Please continue on a separate sheet, if necessary)

Date Time am/pm (delete one)

Location (eg. Street)

Suburb or Town

Weather: Rain ☐ Overcast ☐ Fog ☐ Bright Sun ☐ Clear Night ☐

Road: Sealed ☐ Metal ☐ Wet ☐ Dry ☐

What speed limit was in force? 50 Km/hour ☐ 100 Km/hour ☐ Other ☐

What was your speed: Prior to braking At impact

Please state reason for journey

Describe in detail how the accident occurred

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What, in your opinion, caused the accident

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5. DAMAGE TO INSURED VEHICLE (NB: Do not proceed with repairs without the Company's authority)

Describe damage
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Repairer Telephone Estimate \$

If not at above, Date of repair OR where can vehicle be inspected

6. DIRECT CREDIT AUTHORITY

If your claim is accepted and there are payment(s) to you, we can pay this amount direct into your bank account by direct credit. If you would like us to make this direct credit, please complete details below. You will be advised if a payment has been made following acceptance of your claim

Do you wish to use this facility YES ☐ NO ☐ Name of account.....

I/We authorize the payment to be made into this bank account. (Please attach a deposit slip)

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Bank

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Branch

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Account Number

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Suffix

7. SKETCH PLAN OF ACCIDENT (Please continue on a separate sheet, if necessary)

Indicate: Street names; direction of vehicles. Your vehicle  Other vehicle 

8. INJURY/CHARGES

Did anyone get hurt in the accident?

YES ☐

NO ☐

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

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Have the police laid or mentioned laying charges against the driver of your vehicle?

YES ☐

NO ☐

If yes, do you know what the charges are likely to be?

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DECLARATION: Note: Failure to provide full and truthful information could result in the Claim being declined.

1. I/We agree to The Company disclosing my/our personal information regarding this claim to:

- (a) Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICR Ltd) , where it will be retained and made available to other insurance companies to inspect.
- (b) Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.
- (c) I/We understand that I am/We are entitled to have certain rights of access to and correction of the personal information held by The Company and ICR Ltd.

2. I/We agree to The Company obtaining personal information about me/us that is, in the Company's view, relevant to this claim.

- (a) From any other party including other members of the Insurance Industry and from Insurance Claims Register Ltd (ICR Ltd) which holds details of claims made by me/us under policies with other insurers.

All the information and answers (whether written or oral) given to The Company in connection with this claim are correct and that no information relevant to the claim has been omitted. O/We authorize The Company to act on my/our behalf.

Policyholder's signature
(If a company, state capacity)

Date

Driver's Signature

Date