

**PHOENIX**

INSURANCE BROKERS PTY LTD  
ABN 40 009 419 872

20 Lyall Street  
South Perth 6151

PO Box 961  
South Perth 6951

PH: (08) 9367-7399  
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## Motor Vehicle Insurance Claim

**The issue of this form does not constitute an admission of liability on the part of the insurer.**

Please complete ALL sections of this claim form. Unless specifically arranged beforehand, no repairs or alterations to the damaged vehicle should be made unless approved by your insurance underwriter.

Policy Number

Client Ref No

### Insured

Insured's Name

Address

C/- Phoenix Insurance Brokers Pty Ltd

Postcode

Phone No

Occupation

Are you the sole owner of the insured vehicle?

Yes

☐

No

☐

If NO, who is the owner?

What is their Australian Business Number (ABN)?

Are they registered for GST?

Yes

☐

No

☐

To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium?

%

### Insured Vehicle

Make & Model

Year

Rego Number

Rego Expiry Date

Colour

Engine No

Chassis No

## Class of Vehicle

Sedan or Station Wagon ☐

Bus or Coach ☐

Van or Utility up to 2T ☐

Light Construction or earthmoving Plant ☐

Rigid Vehicle over 2T and up to 5T ☐

Heavy Construction or earthmoving Plant ☐

Rigid Vehicle over 5T and up to 10T ☐

Trailer ☐

Rigid Vehicle over 10T ☐

Other ☐

Articulated Prime Mover ☐

## Trailer Details (if applicable)

Make  Type

Year  Registration No

## Driver

For parked or unattended vehicles, Driver = Vehicle custodian at the time of loss.

Surname  Given Name(s)

Address  Postcode

Phone No.  Date of Birth  Female ☐ Male ☐

Driver Licence  Expiry Date  Years held

Registered owner of vehicle

Are you an employee? Yes ☐ No ☐ If not, state relationship

Have you had any traffic convictions or been involved in any motor vehicle accidents in the past five (5) years? Yes ☐ No ☐

If Yes, please give details

<div></div> <div></div> <div></div>
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Have you been convicted of any criminal offences in the last 10 years?

Yes

☐

No

☐

If Yes, please provide details

<div></div> <div></div> <div></div>
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Did you consume any alcohol or take any drugs during the

12 hours prior to the accident?

Yes

☐

No

☐

If Yes state how much and when

<div></div> <div></div> <div></div>
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Did you undergo a breath test or blood test for alcohol or drugs?

Yes

☐

No

☐

If Yes what was the result

<div></div> <div></div> <div></div>
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Did you refuse to undergo any of the above tests?

Yes

☐

No

☐

### Damage to insured vehicles

Was your vehicle damaged?

Yes

☐

No

☐

Was your vehicle towed away?

Yes

☐

No

☐

Have you obtained a repair quote?

Yes

☐

No

☐

Amount \$

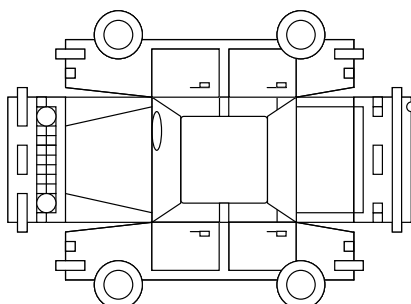
(Attach Quote)

If not driveable where can the vehicle be inspected?

Full address

Phone No

Show the damaged areas to your vehicle on the following diagram



## Accident Details

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\_\_\_\_\_

11

What was the accident location?

--

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## How did the accident happen?

[illegible]

Please draw a plan of the accident. Show the nearest cross street; street names; centre of the roadway; direction and location of vehicles; location of traffic control signals and another useful information.



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Who do you consider was at fault?

11

[illegible]

--

Estimated speed of Your vehicle just before the accident

\_\_\_\_\_

KPH

Estimated speed of Other vehicle just before the accident

\_\_\_\_\_

KPH

What was the condition of the road?

□

7

11

7

7

9

How was visibility?

7

11

Were there any witnesses to the accident?

Yes

☐

No

☐

If Yes, please provide names & addresses

<div></div>
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Did Police attend the accident?

Yes

☐

No

☐

If Yes, Police station

Name/Number of officer

If No, state time and date reported to Police

Did Police indicate who was responsible?

Yes

☐

No

☐

If Yes, Name of driver?

Did Police charge either driver or suggest action may be taken?

Yes

☐

No

☐

Charge

☐

### Damage to other vehicle or property

	Vehicle or Property No 1	Vehicle or Property No 2
<b>Name of other driver</b>		
Age		
Phone No.		
Licence No.		
Vehicle Make & Model		
Rego No.		
<b>Name of registered Owner</b>		
Address		
Phone No.		
<b>The other insurance Company</b>		
Policy Number		
<b>Description of Damage</b>		

## Personal Injuries

Was anyone injured in the accident?

Yes

☐

No

☐

Name	Type of injury	Injured Party (Passenger/Driver)	Vehicle (Registration No.)

### Declaration (must be completed)

1. I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or wilful misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim.
2. Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect of such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.
3. I consent to the broker and insurer using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, the broker and insurer may not be able to process my claim.
4. \*I consent to the broker and insurer disclosing my personal information to other insurers, an insurance reference service, or as required by law. I consent to the broker and insurer also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Driver's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Insured's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*This consent only applies when a claim is submitted in relation to a policy insured to the individual, not a company or business.

## How To Make A Motor Vehicle Claim

Whether at fault or not and to avoid delay, it is easier to claim on your Insurer and let them recover for you. Here are the steps to be taken: -

1. Obtain a quotation from a reputable repairer
2. The repairer will usually arrange the assessment and for this you must:-
  - a) complete a claim form,
  - b) supply a copy of your licence to be left with the claim form at the repairers.
3. On the day of assessment (to be pre-arranged with you), the vehicle should be left all day with your repairer, repairs should be authorised on that day and work can commence. You will pay your excess to the repairer when collecting the repaired vehicle.

If you are not at fault:-

- your excess is recoverable
- car hire may be paid for, if a business registered vehicle, but not necessarily all costs.

Please note, the refund of excess and car hire is paid by the third party or their Insurer and this usually takes between 3-6 months.

If no refund received after 6 months, you can:-

- Follow this up yourself by contacting your Insurer
- Contact our office and ask our assistance

4. In the event of a total loss, the **market** value will be determined by the assessor. At times you may not agree on this figure, however, it is your prerogative to obtain another valuation. We can advise.
5. If the vehicle has been stolen, your Insurer will apply for a police report. They will generally wait for 4-6 weeks before settling the claim in the event the vehicle is recovered (80% usually are recovered albeit not in the condition when last seen by the owner).
6. If your vehicle is not damaged or damage is minor but you have caused damage to a third party and the accident is your fault, a claim form must be completed and sent to our office with a copy of your licence and excess if applicable, then forward any letters of demand with quotations.