

MOTOR VEHICLE CLAIM FORM

How to Get Quick Action on Your Claim

1. Complete the attached form and return to our office.
2. Attach all **original** quotations or invoices obtained for replacement of or repair to the damaged or missing property. Photocopies are not accepted as a rule.
3. Attach **original** valuations and receipt of purchases whenever possible
4. Advise the police immediately in the event of loss by burglary, housebreaking, theft, suspected malicious damage. Also make sure the premises are secure to avoid further incidents.

Note: Police reports are very slow so if you can obtain one at the time the report is taken, then this will save valuable time or at least obtain a copy or report number.

5. Attach any letter of demand or other correspondence that you may receive from any Third Party
6. Do not make any admission of liability for loss or damage caused by you to the Third Parties

WHAT WE WILL DO IF THE PAPER WORK IS CORRECT AND COMPLETE:

- Submit the claim to the insurer
- We will then follow up the claim when necessary until settlement is reached, however, please feel free to call at any time

WHAT AN ASSESSOR WILL DO:

- An assessor is an independent person who is appointed by the Insurer for their expertise in helping you finalise a larger or more difficult claim
- The assessor is your contact point
- The assessor will write a report to the Insurer recommending a course of action
This can take time depending on their workload and Police Reports
- The Insurer will not act until these reports are received and although not bound by the assessor recommendations, the Insurers usually accept these reports
- If you are unhappy with any aspect of the claim, advise the assessor. If he is unable to correct the problem then contact us immediately. We will not know of any problem without being advised
- If you are unhappy with the assessors responses, please contact us immediately

MOTOR VEHICLE CLAIM FORM

Important

- 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.

Insured Details

Policy Number	
Name(s) of Insured(s)	
Address	
Contact Number	
Are you registered for GST purposes?	
ABN	
Input Tax Credit Entitlement (ITC%)	

Insured's Vehicle Details

Year, Make & Model of Vehicle:	
Registration Number & Expiry:	
Name of Finance Co. (if applicable):	
Name of preferred repairer (if applicable):	

Driver Details

Full Name:	License Type:
Date of Birth:	Years License Held:
Driver's License No:	Expiry Date of License:

Driver information

Did the driver drink any alcohol, or take any drugs or medication in the 12 hours prior to driving?

Yes No

If yes, please provide below information

What did the driver drink or what drugs or medication did the driver take?	
When?	
How Much?	

Has the driver been charged with, or convicted of, a motoring offence (other than a parking offence) or been disqualified from driving in the past 5 years?

Yes No

If yes, please state the details

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Has the driver been charged with, or convicted of, any criminal offences in the past 10 years?

Yes No

If yes, please state the reasons

Has the driver has insurance refused or cancelled, had a renewal refused or had special conditions imposed by an insurer? Yes No

Yes please, please state the reasons

Did you undergo a breath test or blood test for alcohol or drugs? Yes No

If yes, what was the result?

Did you refuse to undergo any of the above tests? Yes No

Accident Details

Address where it occurred:	
Date of accident:	
Approx. time of loss/damage:	
Were the police notified? If yes please provide police report number:	
Please state clearly and fully how the accident occurred: <i>If there is insufficient space, please attached separate paper including further details</i>	

Damage to insured vehicle

Was your vehicle damaged? Yes No

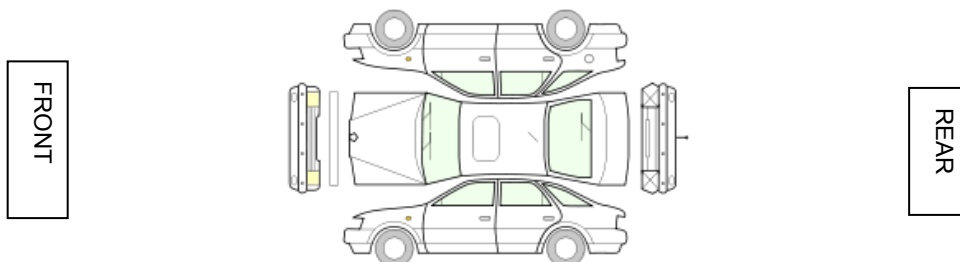
Was your vehicle towed away? Yes No If yes, name of company:

Have you obtained 2 repair quotes? Yes No Lowest Quote \$ (Attach all quotes)

Who is you preferred repairer?

Show the damaged areas to your vehicle on the following diagram

No repairs or alterations to the damaged vehicle should be made until approved by the Insurer.



** If you are completing this form electronically and cannot state the damaged areas, please provide details on a separate attachment

Other parties (please complete this section if any other vehicle or party were involved)

Please be advised all third party details must be provided to waive the excess

Drivers name & contact number:	
Drivers License number:	
Vehicle Make & Model:	
Registration Number:	
Registered owners name & address:	
Description of damage:	

Payment for claim if and when applicable

Account Name:	
BSB:	
Account Number:	

3 Declaration

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.

Signature:

Date: