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.

Claim No:

Policy No:

Insurance Coy:

Due Date:

Branch:

Excess:

Pursuant to the Privacy Act 1993 the following is brought to your attention:

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

1. POLICY HOLDER	**INSURED VEHICLE**
Surname of Insured OR Name of Company:	MAKE:
First Names of Insured:	MODEL:
Address:	TYPE: (eg. Van, Car, Artic, Flat-top etc.)
	YEAR: REG NO:
Contact Telephone numbers: (Home) (Business)	Has the vehicle been modified in any way:
Name of any other party with financial interest in the vehicle:	Is the vehicle as a used import: YES ☐ NO ☐
Is there any other insurance on the vehicle or accessories: 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):	Date of Birth:…../…../…..	**Driver licence and type:**
Address:	Telephone:	FULL RESTRICTED ☐ LEARNERS ☐
	Home	Number........................Issue Date...................
Occupation:	Bus.....................................	Classes..
Your relationship to Policyholder:	Employer.............................	YEARS HELD..
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 "NO" PLEASE PROVIDE DETAIL ....
4. Did driver consume liquor and/or drugs (include. medication) within 24 hours prior to the accident?	YES ☐ NO ☐	....
5. Did the Police attend?	YES ☐ NO ☐	....
6. Was a breathalyser, 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 (ii) Had any other accident, loss of claim in connection with any motor vehicle (brief details of year/cost/insurance coy)	YES ☐ NO ☐ YES ☐ NO ☐	....

3. DETAILS OF OTHER PERSONS

Passengers in your vehicle	Independent Witnesses
Name	Name ....
Address	Address ....
Telephone	Telephone ....
Name	Name ....
Address	Address ....
Telephone	Telephone ....
Driver/Owner of other vehicle or property	
Name	Name ....
Address	Address ....
Telephone .... Insurance Coy	Telephone .... Insurance Coy ....
Details of vehicle/property	Details of vehicle/property ....
Registration Number	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? 50Km/hour ☐ 100Km/hour ☐ Other ☐

What was your speed: Prior to braking .... At impact ....

Please state reason for journey ....

Describe in detail how the accident occurred..

....

....

....

....

What, in your opinion, caused the accident ....

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

Describe damage..

Repairer .... Telephone .... Estimate $ ....

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

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

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

DECLARATION

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

I/We authorise the disclosure of my/our personal information held by other parties which relate to this claim.

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

(a) Other members of the Insurance industry; and
(b) Parties who have a financial interest in the subject matter of the claim.

All the information and answers given on this claim form are correct. We authorise The Company to act on my/our behalf.

Policyholder's Signature: .... Date:..

(If a company, state capacity)

Driver's Signature: .... Date:..