**MOTOR VEHICLE CLAIM FORM**

**Policyholder Details:**

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| **Policy No:** | | | | **Client Code:** | |
| **Name/s of Insured:** |  | | | | |
| **Occupation:** |  | | | | |
| **Contact Person/s:** |  | | | | |
| **Contact Phone Number/s:** | **Mob:** | | **Other:** | | |
| **Email Address:** |  | | | | |
| **Postal Address:** |  | | | | |
|  | | **State:** | | | **Post Code:** |

**GST Details:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **GST: Are you Registered for GST purposes?** | | | | | | | **Yes** **☐ No** ☐ | | | **A.B.N** | | |
| **To what extent are you entitled to claim an Input Tax Credit on the GST for this Policy?** | | | | | | | | | | | | % |
| **Insured Vehicle:** | | | | | | | | | | | | |
| **Year of Manufacture:** | | | | | **Vehicle Make/Model:** | | | | | | | |
| **Body Type:** | | | | | **Registration No:** | | | | **Expiry Date of Reg:**       /      / 20 | | | |
| **Finance Company** *(if applicable)* | | | | |  | | | | | | | |
| **Details of Accident/Loss:** | | | | | | | | | | | | |
| **Date of Accident/Loss:** | | | /      / 20 | | | | | **Time of Accident/Loss:** | | | AM☐ PM ☐ | |
| **Address where Accident/Loss occurred:** | | | | | |  | | | | | | |
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| **Incident Description:** | | ***Note:*** *Describe clearly what happened.*  *(Attach a separate page if insufficient room below).* | | | | | | | | | | |
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| **Road Conditions:** | Dry ☐ Wet ☐ Other (describe): | | | | | | | | | | | |
| **Indicate speed of your Vehicle immediately prior to the accident:** | | | | ☐ Stationary ☐ Under 30 KM/H ☐ Between 30-60 KM/H  ☐ Between 60-80 KM/H ☐ Between 80-100 KM/H  ☐ Over 100 KM/H | | | | | | | | |

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| **Indicate speed of Third Party Vehicle immediately prior to the accident:** | | | | ☐ Stationary ☐ Under 30 KM/H ☐ Between 30-60 KM/H  ☐ Between 60-80 KM/H ☐ Between 80-100 KM/H  ☐ Over 100 KM/H | | | | | | | | | | |
| **Did the Driver suffer any Injury?** | | | | Yes ☐ No ☐ | | | | | | | | | | |
| **Driver Details:** | | | | | | | | | | | | | | |
| **(Please complete these details in respect of the person in charge of the Insured vehicle involved)** | | | | | | | | | | | | | | |
| **Full Name of Driver:** | | | | | | | | | | | | | **Date of Birth:**       /      / | |
| **Address:** | | | | | | | | | | | | | | |
| **Suburb:** | | | | | | | | | | **State:** | | | | **Postcode:** |
| **Occupation:** | | | | | | | | | | | | | **Gender:** Male ☐ Female ☐ | |
| **Drivers Licence No:** | | |  | | | | | | | | **Expiry of Licence:**       /      / | | | |
| **What is the relationship of the Driver to the Policyholder/Insured?** | | | | | | ☐ Employee ☐ Friend ☐ Relative  ☐ Other: | | | | | | | | |
| **Disclosure Questions:** | | | | | | | | | | | | | | |
| **At the time of the accident, was the Driver under the influence of any Drug or Alcohol:** Yes ☐ No ☐ | | | | | | | | | | | | | | |
| ***If yes*, please state how much Alcohol/Drug was consumed in the 12 hours prior to the Accident:** | | | | | | | | | | | | | | |
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| **Did the Driver undergo a Breath test?** Yes ☐ No ☐ | | | | | | | | | | **If yes, what was the reading?** | | | | |
| **Has the Driver’s Licence ever been cancelled or Suspended?** Yes ☐ No ☐ | | | | | | | | | | | | | | |
| ***If yes*, please provide details:** | | | | | | | | | | | | | | |
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| **Additional Loss Information:** | | | | | | | | | | | | | | |
| **Police:** | | **Did the Police attend the Accidence scene?** Yes**☐** No***☐ if yes, please state:*** | | | | | | | | | | | | |
| **Police Station:** | | | | | | | **Reporting Officer:** | | | | | | | |
| **Police Report No**: | | | | | | | | | | | | **Date Reported**:       /      / 20 | | |
| **Did the Police indicate which Driver was at Fault or was any Driver charged or cautioned?** Yes **☐** No ***☐*** | | | | | | | | | | | | | | |
| ***If yes,*** | Name of Driver: | | | | | | | | Nature of Charge or Caution: | | | | | |
| Was your Vehicle towed from the scene of the accident? Yes **☐** No ***☐ if yes; state name of towing firm*** | | | | | | | | | | | | | | |
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| **Insured Vehicle Damage:** | | | | | | | | | | | | | | |
| **Where can the vehicle be inspected/or Details of your chosen repairer?** | | | | | | | | | | | | | | |
| **Repairer Name**: | | | | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | State: | | | Post Code: |
| **Telephone No:** | | | | | | | | | | | | | | |
| **Email Address:** | | | | | | | | | | | | | | |
| **Insured Vehicle Damage:** | | | | | | | | | | | | | | |
| **Please indicate the areas of damage to Insured Vehicle:**  A drawing of a car  Description automatically generated | | | | | | | | | | | | | | |
| **Other Parties Details:** | | | | | | | | | | | | | | |
| **(Please complete these details in respect other Parties or Property involved)** | | | | | | | | | | | | | | |
| **Name of Owner:** | | | | | | | | | | | | | **Date of Birth:**       /      / | |
| **Address:** | | | | | | | | | | | | | | |
| **Suburb:** | | | | | | | | | | **State:** | | | | **Postcode:** |
| **Phone No:** | | | | | | | | **Email Address:** | | | | | | |
| **Drivers Licence No:** | | |  | | | | | | | | **Expiry of Licence:**       /      / | | | |
| **Did the other Party admit Liability?** | | | | **Yes** ☐ **No** ☐ *if yes;*  **Do you have the name of their Insurer/Policy No:** | | | | | | | | | | |
| **Vehicle Details:** | | | | | | | | | | | | | | |
| **Year of Manufacture:** | | | | | **Vehicle Make/Model:** | | | | | | | | | |
| **Body Type:** | | | | | **Registration No:** | | | | | | | | | |
| **(If more than one other vehicle involved, please provide the additional details in a**  **separate sheet with the same details as requested above)** | | | | | | | | | | | | | | |
| **Witness 1:** | | | | | | | | | | | | | | |
| **(Please complete these details in respect of any independent Witnesses to the accident)** | | | | | | | | | | | | | | |
| **Name of Witness:** | | | | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | | | | |
| **Suburb:** | | | | | | | | | | **State:** | | | | **Postcode:** |
| **Phone No:** | | | | | | | | **Email Address:** | | | | | | |
| **Witness 2:** | | | | | | | | | | | | | | |
| **Name of Witness:** | | | | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | | | | |
| **Suburb:** | | | | | | | | | | **State:** | | | | **Postcode:** |
| **Phone No:** | | | | | | | | **Email Address:** | | | | | | |

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| **Declaration:** | |
| I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.  I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed “Your Privacy”. | |
| **Full name of claimant(s) (please use block letters):** | |
| **Signature(s):** | **Date**:       /      / 20 |
| **Signature(s):** | **Date:**       /      / 20 |

If you wish to provide further information please attach a separate sheet.