

# MOTOR VEHICLE CLAIM FORM

To ensure early attention to your claim please refer to your Policy or Renewal Certificate, and quote:

State ..... Policy No ..... Due Date .....  
 Name of Insured .....  
 Address ..... Postcode.....  
 Occupation..... Telephone Business ..... Private .....

*NOTE: Delay may occur if full answers are not given in the following Sections of this form.*

**V  
E  
H  
I  
C  
L  
E**  
 Make ..... Body Type ..... Reg. No. .... Eng. No..... Year .....  
 Are You the sole owner? ..... If not, state the name and interest of other Party .....  
 For what purpose was it being used at time of accident? .....  
 Was it being used for carriage of fare-paying passengers? .....  
 Was any other Insurance in force on it at the time of the accident? .....  
 Expiry date of Registration ..... Name of Registered Owner.....  
 Was a trailer attached?..... Description and Weight of Load-Vehicle ..... Trailer .....

**D  
R  
I  
V  
E  
R**  
 Full Name ..... Date of Birth .....  
 Address ..... Telephone No .....  
 ..... Occupation .....  
 Licence No..... Expiry Date ..... Date and Place First Licence Issued.....  
 Special Endorsements.....  
 Was he/she driving with your consent? ..... Approx. Kilometres driving in past year.....  
 How much alcohol or drugs were consumed by the driver during the 12 hour period before the accident .....  
 Previous Convictions for any driving offences.....  
 Has driver previously been refused Motor Insurance or continuance thereof? .....  
 Does driver (not being the Insured) own a vehicle? If so, state name of Company with which it is insured against damage.....  
**N.B. A COPY OF DRIVER'S LICENCE MUST BE ATTACHED.**

**D  
A  
M  
A  
G  
E**  
 Describe damage to your vehicle directly resulting from the accident.....  
 Estimated cost of repairs and replacements \$ ..... (attach quotation if possible) is vehicle still  
 being used? .....  
 At what address can Vehicle be inspected?.....

**O  
T  
H  
E  
R  
P  
A  
R  
T  
Y**  
 Other Vehicle involved..... Reg. No.....  
 Damage to other Vehicle .....  
 Is the vehicle driveable ..... Where can it be assessed.....  
 Driver's Name..... Owner's Name .....  
 Address ..... { Address.....  
 Approx. Age..... Licence No ..... { Motor Vehicle Insurer.....  
 Injury or damage to any party/property. (State details of any notice of claim or demand received).  

Name	Address	Nature of injury or damage
1.....	.....	.....
2.....	.....	.....
3.....	.....	.....

 Any communication received must be forwarded immediately without any indication on liability being given.

