

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 ABN
 Address..... Postcode.....
 Are you entitled to claim an input tax credit? ITC (%) %
 Occupation..... Telephone Business..... Private.....

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

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 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.....

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 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.

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 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?

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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.

MOTOR VEHICLE CLAIM FORM

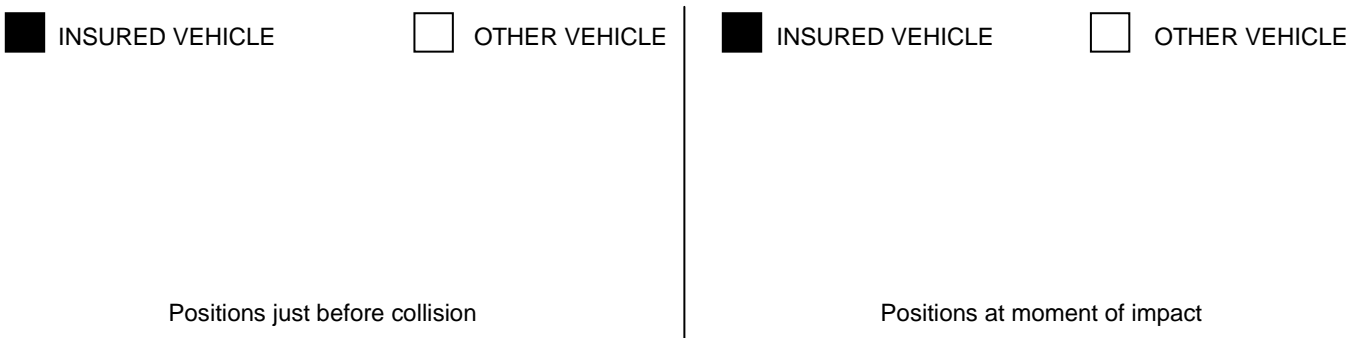
P O L I C E	If Police attended, state Officer's Name/No..... Station..... Was the driver of the insured vehicle tested for alcohol or drugs? If so, what was the result? If either driver has been or may be charged with any offence, state:..... Name..... Offence
A C C I D E N T I O N	Day Date..... Time am/pm Date when reported to you..... Location..... Type and condition of Roadway Approximate width of road..... Was your vehicle on correct side of road?..... If so, how far from kerb?..... Was place of accident well lighted?..... Weather: Fine/Raining/Foggy Were there any obstructions to visibility?..... Speed immediately before accident?..... Speed at time of impact? Did other driver reduce speed? Speed immediately before accident?..... Speed at time of impact? What signal was give by you? And by other driver? What fault was thereby: (a) Your driver? (b) Other party? Explain exactly how accident happened

NOTE: If Statement made to Police, attach copy.

W I T N E S S E S	Please give Names and Address. (If none taken, state reasons.) 1. 2. 3.
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(It is of the utmost importance to immediately obtain the Names and Addresses of Witnesses)

SKETCH PLAN OF ACCIDENT WITH NAMES OF ROADS AND COURSES OF VEHICLES, AND PERSONS INVOLVE, SHOW ANY OTHER PROPERTY DAMAGE, POSITIONS OF TRAFFIC SIGNS OR SIGNALS, AND NORTH POINT.



I/We hereby declare the foregoing particulars to be true and correct, and I/We undertake to render every assistance in my/our power in dealing with matter.

Signature(s)	Date			Date
(Driver)		(Insured)		