

Motor Claim Form

Policy holder

Full name and address of policy holder:		Occupation:			
		Telephone numbers			
		Business hours:			
		After hours:			
Insurer:		Policy no:		Expiry date (DD/MM/YYYY)	
For what purpose was the vehicle being used?					

Insured vehicle

Make and model:			
Body type:		Year of manufacture:	
Registration number:		Engine number:	
V.I.N. number:		Expiry date of registration: (DD/MM/YYYY)	
Name and address of finance company: (if applicable)			
Have there been any engine, body or transmission modifications from the manufacturer's original specifications, or any accessories added?			
<input type="radio"/> No <input type="radio"/> Yes If yes, please give details			

Driver

Please complete these details in respect of the person in charge of the vehicle at the time of the accident

Full name and address of driver:		Occupation:	
		Gender:	<input type="radio"/> Male <input type="radio"/> Female
		Date of birth (DD/MM/YYYY)	
Drivers licence number"	Expiry date of licence"	State of issue	
How long has the driver held a motor vehicle drivers' licence?		(Years)	
What is the relationship of the Driver to the Policyholder?			
<input type="radio"/> Self <input type="radio"/> Relative <input type="radio"/> Employee <input type="radio"/> Friend <input type="radio"/> Other (Please describe)			
Have you (the Policyholder) or the driver of the vehicle at the time of the accident: i. been involved in any previous motor vehicle accident in the last 5 years? <input type="radio"/> Yes <input type="radio"/> No ii. been charged with any offence in relation to the use of a motor vehicle in the last 5 years? <input type="radio"/> Yes <input type="radio"/> No iii. had any insurance declined or cancelled, been refused renewal of an insurance or had special terms imposed in the last 5 years? <input type="radio"/> Yes <input type="radio"/> No			
If "Yes", to (i), (ii) or (iii), please give details below:			
Name	Date	Particulars (e.g., name of insurance company, details of charges etc)	

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







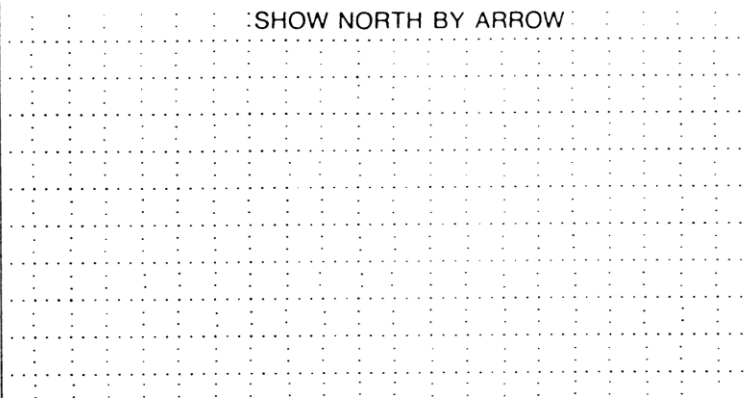


Was the driver under the influence of any drug or alcohol at the time of the accident?	<input type="radio"/> Yes	<input type="radio"/> No
Please state what drugs or how much alcohol was consumed by the driver in the 12 hours prior to the accident:		
Did the driver undergo a breath test?	<input type="radio"/> Yes	<input type="radio"/> No
Has the driver's motor vehicle licence ever been cancelled or suspended?	<input type="radio"/> Yes	<input type="radio"/> No
If Yes, please give details:		

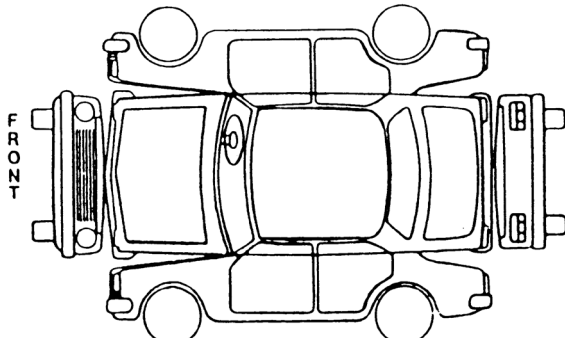
Accident date

Date of accident: (DD/MM/YYYY)		Time of accident:	
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Description of accident

Name of street where accident occurred:			
If at an intersection, names of intersecting streets:			
Suburb, Town, City:			
State clearly and fully how the accident occurred: <small>(if insufficient space, attach separate statement)</small>			
Was the street wet?		<input type="radio"/> Yes	<input type="radio"/> No
Did the other party admit liability? <small>If Yes, please give details:</small>		<input type="radio"/> Yes	<input type="radio"/> No
Please draw sketch showing position of all vehicles and pedestrians at the time of the accident: Please draw Sketch showing position of all Vehicles and Pedestrians at the time of the accident. Show also position of all Traffic Lights, Signs, and Pedestrian Crossings.			
SYMBOLS Street Intersection  Pedestrians  Curved Street  Stop Sign  Your Vehicle  Give Way Sign  Other Vehicle  Traffic Lights 		SHOW NORTH BY ARROW 	

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Did the driver suffer any injury?		<input type="radio"/> Yes	<input type="radio"/> No
If Yes, was medical attention required? <small>If Yes, state name and address of doctor or hospital</small>		<input type="radio"/> Yes	<input type="radio"/> No
Please indicate Insured Vehicle's speed immediately prior to accident:	<input type="radio"/> Stationary <input type="radio"/> 60-80km/h <input type="radio"/> Under 30 km/h <input type="radio"/> 80-100km/h <input type="radio"/> 30-60km/h <input type="radio"/> Over 100km/h		
Please indicate Other Vehicle's speed immediately prior to accident:	<input type="radio"/> Stationary <input type="radio"/> 60-80km/h <input type="radio"/> Under 30 km/h <input type="radio"/> 80-100km/h <input type="radio"/> 30-60km/h <input type="radio"/> Over 100km/h		
Was the vehicle towed from scene of accident? <small>If Yes, please give name of towing contractor</small>		<input type="radio"/> Yes	<input type="radio"/> No
Did you authorise this towing?		<input type="radio"/> Yes	<input type="radio"/> No
Where can the vehicle be inspected? <small>(If at a repairer's premises – name, address, and contact number of repairer)</small>			
Estimated Cost of Repairs <small>(including parts)</small>	\$	Repair Quotation No.	
Please indicate areas of damage to insured vehicle <div style="text-align: center;">  </div>			

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**Police**

Date reported to Police: (DD/MM/YYYY)		Time reported to Police	
Did the Police attend the accident? If Yes, please state:		<input type="radio"/> Yes <input type="radio"/> No	
From which Police Station?			
Name of Officer			
Did the Police indicate which driver was at fault? If Yes, please state:		<input type="radio"/> Yes <input type="radio"/> No	
Name of driver charged or cautioned			
Nature of charge or caution			

Other Parties

(Please complete this section if any other vehicles or property involved)

Number of other vehicles involved			
Owner's name and address			
Licence Number		Age	
Make and Model of Vehicle			
Registration Number			
Driver's name and address			
Please give particulars of damage to other party's vehicle and/or property <small>NB: (If more than one third party involved, please provide similar particulars on a separate sheet)</small>			

Witnesses

Passengers in Insured Vehicle	Names	Addresses
Independent Witnesses	Names	Addresses

ABN details

Are you a registered business?		<input type="radio"/> Yes	<input type="radio"/> No
What is your ABN?	ABN no.		
What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred?			%

Declaration

<p>The information and answers given above are a true and complete statement of the facts and matters relating to the happening for which this claim is made, and no information likely to affect this claim has been withheld. I authorise my Insurer to undertake on my behalf whatever actions are necessary to indemnify me within the terms of my policy including if necessary, removal of my vehicle to alternative premises to enable repairs to be carried out by a qualified Motor Body Repairer. I understand that this claim may be refused if information is untrue, inaccurate or concealed.</p> <p>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 Bruce Chiene Pty Ltd 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".</p>			
Driver's Signature		Date (DD/MM/YYYY)	
Policyholder's Signature		Date (DD/MM/YYYY)	