

# Motor Vehicle Claim Form

Claim Number (if known): \_\_\_\_\_

## 1. Insured

- a) Name of Insured: \_\_\_\_\_
- b) Occupation: \_\_\_\_\_
- c) Contact Person: \_\_\_\_\_
- d) Telephone No.: Home No.: \_\_\_\_\_  
Business No.: \_\_\_\_\_  
Mobile No.: \_\_\_\_\_
- e) Email: \_\_\_\_\_
- f) Address: \_\_\_\_\_
- g) Policy No.: \_\_\_\_\_
- h) Excess: \_\_\_\_\_
- i) Inception Date: \_\_\_\_\_
- j) Expiry Date: \_\_\_\_\_
- k) Are you registered for GST:  Yes  No
- l) ABN No.: \_\_\_\_\_

## 2. Interested Parties

- a) Is the property being claimed for under a Financial Agreement?  Yes  No
- b) Name of Financier: \_\_\_\_\_
- c) Telephone No.: Home No.: \_\_\_\_\_  
Business No.: \_\_\_\_\_  
Mobile: \_\_\_\_\_
- d) Email: \_\_\_\_\_
- e) Address: \_\_\_\_\_

## 3. Vehicle Details

- a) Year: \_\_\_\_\_
- b) Make: \_\_\_\_\_
- c) Model: \_\_\_\_\_
- d) Body Type: \_\_\_\_\_
- e) Rego No.: \_\_\_\_\_
- f) Chassis No.: \_\_\_\_\_
- g) VIN/Engine No.: \_\_\_\_\_
- h) Has the Vehicle been modified in any way?  Yes  No

If YES, please give details below:

i) Modification Details:

Value:
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ii) Additional Accessories Details:

Value:
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i) Who is the registered owner of the vehicle? \_\_\_\_\_

**4. Driver Details**

a) Driver's Name \_\_\_\_\_

b) Driver Address: \_\_\_\_\_

c) Telephone No.: \_\_\_\_\_ d) Date of Birth: \_\_\_\_\_

e) Licence No. \_\_\_\_\_ f) Class: \_\_\_\_\_

g) Expiry Date: \_\_\_\_\_ h) Years held: \_\_\_\_\_ years

i) Licence status:  Learner  Full/ Open  Never Licensed  
 Restricted  Overseas  Disqualified

j) Was the Vehicle being used with the Insured's consent?  Yes  No  
If YES, reason for use? (Business, Private, etc.) \_\_\_\_\_

k) How often does the driver use this Vehicle in a year? \_\_\_\_\_

l) Did the Driver consume any alcohol or drugs during the 12 hours before the Accident?  Yes  No  
Quantity: \_\_\_\_\_

m) Was the Driver tested by the Police for alcohol or drugs?  Yes  No  
Result: \_\_\_\_\_

n) Does the driver hold motor insurance on any other Vehicle?  Yes  No  
If YES, please provide details of the Insured and policy:

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**5. Accident or Theft Details**

a) Date of Occurrence: \_\_\_\_\_ b) Time of Loss: \_\_\_\_\_

c) Location: \_\_\_\_\_

**Accident:** Describe events before, during and after the accident (include no. of lanes, speed, parked, reversing etc.)

**Theft:** Describe events from time parked until discovered missing (include who made discovery and any action)

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d) Please provide a sketch a diagram of the accident scene and show the Vehicle(s) with the following identification.

**Symbols to use**

 traffic sign	 witness
 traffic lights	 pedestrian
 your vehicle (black)	
 third party Vehicles TP1, TP2, TP3	

**Example diagram for Vehicle**



**Check List please show**

- Street names
- Distances
- Lanes/Lines markings
- Traffic signals/signs

TP1 Registration \_\_\_\_\_

TP2 Registration \_\_\_\_\_

TP3 Registration \_\_\_\_\_

e) Road conditions:       Wet                       Dry                       Sealed                       Unsealed  
     Day                       Dusk                       Night                       Dawn

f) Describe what the Vehicle was being used for at the time:

g) Who do you believe is at fault and why?

h) Was their any admission of responsibility for the accident?                       Yes                       No  
 If YES, please give details:

**Theft**

a) Where was Vehicle stolen from? \_\_\_\_\_

b) Was the Vehicle locked?                       Yes                       No

c) Are there duplicate keys?                       Yes                       No

d) Where were the keys at the time? \_\_\_\_\_

e) Who has each set of keys? \_\_\_\_\_

- f) Was the Vehicle alarmed?  Yes  No
- g) Was the Vehicle fitted with an immobiliser?  Yes  No
- i) If YES, was alarm or immobiliser turned on?  Yes  No
- ii) If not turned on, why not? \_\_\_\_\_

- h) Has the Vehicle been recovered?  Yes  No
- i) If YES, by whom: \_\_\_\_\_

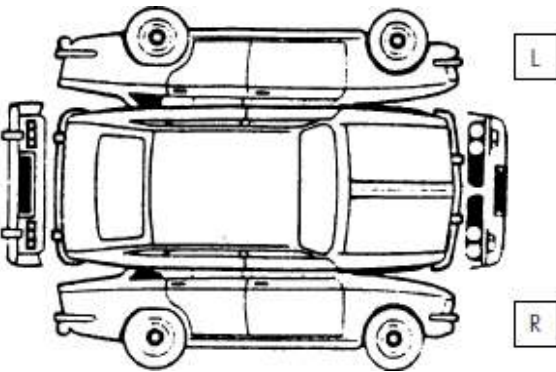
i) Where recovered? (if recovered, please complete Damage Section of Claim Form)

**Please include details of Last Person in Charge of Vehicle or Last Driver in Driver's Section of Claim Form.**

j) **Damage:** Please show damage on vehicle using diagram to assist.

Interior     Engine     Undercarriage     All over

**Describe the damage**



k) Is the Vehicle driveable?  Yes  No

l) Was the Vehicle towed?  Yes  No

m) Who towed the Vehicle? \_\_\_\_\_

n) Where can your Vehicle be inspected? \_\_\_\_\_

**Please attach any quotes that have been obtained.**

**6. Police**

Have the Police been notified?  Yes  No Reason: \_\_\_\_\_

If YES, please provide details:

Police Station: \_\_\_\_\_

Reporting Officer: \_\_\_\_\_

Police Report No. \_\_\_\_\_ Date Reported: \_\_\_\_\_

Did the Police attend the scene?  Yes  No

Were any charges laid or indications made of further action?

Yes  No

Give details (who and what):

**7. Witnesses**

Were there any witnesses to the event?

Yes  No

If YES, please complete the following:

**First Witness**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Where was the Witness when the accident occurred?

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**Second Witness**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Where was the Witness when the accident occurred?

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**8. Third Party Details**

a) Year: \_\_\_\_\_ b) Make: \_\_\_\_\_

c) Model: \_\_\_\_\_ d) Body Type: \_\_\_\_\_

e) Rego No.: \_\_\_\_\_ f) Colour: \_\_\_\_\_

g) Owner's Name: \_\_\_\_\_

h) Owner's Address: \_\_\_\_\_

i) Telephone No.: Home No.: \_\_\_\_\_

Business No.: \_\_\_\_\_

Mobile: \_\_\_\_\_

j) Describe the damage done to the other vehicle:

k) Name of Other Party's Insurance Company: \_\_\_\_\_

l) Other Party's Policy No.: \_\_\_\_\_

***If you have received any demands or notices from anyone, please submit with Claim Form.***

**9. Insurance History**

- a) Have you or the driver had any insurance or renewal of insurance declined or cancelled or special conditions imposed in the last 5 years?  Yes  No

If YES, please provide details:

- b) Have you or the driver been convicted of or had any fines or penalties imposed for any criminal offence?  Yes  No

If YES, please provide details:

- c) Have you or the driver had an accident or made a claim on a motor vehicle insurance policy in the last 5 years?  Yes  No

If YES, please provide details:

- d) Have you or the driver been convicted of or had any fines or penalties imposed for any driving offence (such as speeding, disobeying traffic lights etc.) in the last 5 years?  Yes  No

If YES, please provide details:

**Declaration**

- I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld.
- I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.
- I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information then the Insurer will be unable to process my/our claim.

Signature of Insured:

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Date:

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Signature of Driver  
(if different from insured name):

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Date:

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