MOTOR VEHICLE CLAIM FORM

N.B. This form must be completed by the driver. Please answer all questions. If not applicable, please write N/A



Pursuant to the Privacy Act 1993 the following is brought to your attention: (a) This claim form collects personal information about you;

- (b) The information is collected to evaluate your claim;
 (c) The intended recipient of the information is: The Insurer named below (hereinafter called "the Company") and is being held by them at their Head Office

- (d) The collection of this information is required pursuant to the terms of your insurance policy;
- The failure to provide this information may result in your claim being declined; (e)
- You have rights of access to, and correction of, this information subject to the (f) provisions of the Privacy Act

Claim No:	Policy No:		Client No:		
Insurance Co:	Due	Date:		Premium Paid:	
Branch:	Exc	ess:		Yes No	
1. POLICYHOLDER		INSURED VE	HICLE		
Full name of Insured:		MAKE:			
OR Name of Company:		_ MODEL: _			
Address:		TYPE: (e.g. \	/an, Ute, etc.)		
Email:		_ YEAR:	REGO:		
Ph Day:	Ph Night:		Ph Bus:		
Has the vehicle been modified in any way:					
Name of any other party with fir	nancial interest in the vehicle:		Is the vehicle a used import:	Yes No	
			the vehicle a current Certificate of Fitness:	Yes No	
			here any other insurance on the vehicle or accessories:	Yes No	
2. PERSON DRIVING OR IN CH	ARGE OF THE INSURED VEHICLE (1	to be completed	, even if parked)		
Full name:					
Address:					
Date of Birth:		Occupatior	1:		
Ph Day:	Ph Night:	Relationsh	ip to policyholder:		
Driver License No:	Туре:	Issue Date:	Expiry Date:		
License Version No:		Country of	Issue:		
License Classes: (Please List)		License Special Conditions: (Please List)			

1. Was the vehicle being driven with the owner's consent?

2. Is he/she the main driver of the Insured vehicle?

3. If not the Policyholder do you own a vehicle? (name of insurance $\operatorname{co})$

4. Did driver consume liquor and/or drugs (include. Medication) within 24 hours prior to the accident?

5. Did the Police attend?

6. Was a breathalyzer, or blood test, or any other such test done?

7. During the past 5 years, have you:

- (i) Been convicted of any offence other than parking (type and penalty)
- (ii) Had any other accident, loss of claim in connection with any motor vehicle (brief details of year/cost/insurance coy)

Additional details for questions 2.1 - 2.7:

If 'No' Please F	Provide Details
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No

No

Yes

Yes

Yes	No						
Yes	No						
If 'Yes' Please Provide Details							
Yes	No						
Yes	No						
Yes	No						
Yes	No						

3. DETAILS OF OTHER PERSONS

Passengers in your vehicle		Independent Witnesses		
Name:	Name:			
Address:	Address:			
Phone:	Phone:			
Name:	Name:			
Address:	Address:			
Phone:	Phone:			
	Driver/Owner of Other Vehicle or Prop	erty		
Name:	Name:			
Address:	Address:			
Phone:	Phone:			
Details of Vehicle / Property:	Details of Vehicle / P	Property:		
REG NO:	REG NO:			
4. DETAILS OF THE LOSS OR ACCIDENT (Please use the Sketch Plan Of The Accident on the final page of this form)				
Date: / / /	Tin	ne: am/pm		
Location (e.g. Address):	Su	burb or Town:		
Weather Conditions:	Rain Overcast	Fog Bright sun Clear night		

Road Conditions:	Sealed	Metal	Wet	Dry
What speed limit was in force?	50km/hour	100km/hour	Other	km/hour
What was your speed: Prior to braking			At impact	
Please state reason for journey:				
Describe in detail how the accident occu	rred			
What, in your opinion, caused the accide	ent:			
5. DAMAGE TO INSURED VEHICLE (Do	not proceed with rep	airs without the Compa	ny's authority)	
Describe demonstra				
				Γ- <i>tim</i> etc. Φ
			Phone:	
If not at above, Date of Repair:	//	OR where can	vehicle be inspected: _	
6. INJURY OR CHARGES				
Did anyone get hurt in the accident?				Yes No
If yes, please advise who and their relati	onship to the driver ar	nd known extent of the inj	uries	
Have the Police laid or mentioned laying		driver of your vehicle?		Yes No
If yes, do you know what the charges are	e likely to be?			

SKETCH PLAN	I OF THE ACCIDENT		
Indicate:	Street names; direction of vehicle travel etc	Your Vehicle	Other Vehicle

1)	 I/We agree to The Company disclosing my/our personal information regarding this claim to: (a) Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICR Ltd) where it will be retained and made available to other insurance companies to inspect. (b) Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim. (c) I/We understand that I am/We are entitled to have certain rights of access to and correction of the personal information held by The Company and ICR Ltd. 				
2)	 I/We agree to The Company obtaining personal information about me/us that is, in The Company's view, relevant to this claim. (a) From any other party including other members of the Insurance Industry and from Insurance Claims Register Ltd (ICR Ltd) Which holds details of claims made by me/us under policies with other insurers. 				
	To the best of my knowledge all the information and answers (whether written or oral) given to The Company in connection with this claim are correct and that no information relevant to the claim has been omitted.				
Policyholde	r's Signature: Date: / /				

DECLARATION: Note: Failure to provide full and truthful information could result in the Claim being declined.

(If company, state capacity)				
Driver's Signature:		Date _	//	