

INSURED

Insured Name:			
Contact Person:			
Contact Number:		Mobile:	
Email:			
GST is Insured registered for GST purposes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ABN: <input type="text"/>
To what extent is the Insured entitled to claim an Input Tax Credit on the GST for this policy?			%
To what extent is the Insured entitled to claim an Input Tax Credit on the GST for this Vehicle?			%

CLAIM DETAILS

VEHICLE					
Year:		Make:		Model:	
Reg:		Engine No:		VIN:	

DRIVER					
Driver's Name:				DOB	
Licence Number:		Class:		Expiry Date:	
Was the driver authorised to use the vehicle?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

INCIDENT					
Date:			Time:		
Location (Street):			Suburb:		

Accident: Description of events (State fully and clearly how accident occurred -)

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Indicate damage to vehicle:	<input type="checkbox"/> Left side	<input type="checkbox"/> Right side	<input type="checkbox"/> Front	<input type="checkbox"/> Front Left
	<input type="checkbox"/> Front Right	<input type="checkbox"/> Interior	<input type="checkbox"/> Rear	<input type="checkbox"/> Rear Left
	<input type="checkbox"/> Rear Right	<input type="checkbox"/> Nil	<input type="checkbox"/> Other:	

For what purpose was vehicle being used?

Speed of Insured's vehicle at time of accident:	kms	Speed of other vehicle:	kms		
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Speed limit for the area:	kms	Were seatbelts in use in Insureds vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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Was Insured at fault?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, provide reason:		
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Did the other Driver admit liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:		
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Any Alcohol/Drugs consumed in previous 12 hrs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:		
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Did the Police attend the scene of the accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:		
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Was the accident reported to the Police	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What Police station:		
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Was the Driver tested by the Police for Alcohol/Drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Police Report Number:		
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Road Conditions:	<input type="checkbox"/> Wet	<input type="checkbox"/> Dry	<input type="checkbox"/> Day	<input type="checkbox"/> Dusk	<input type="checkbox"/> Night	<input type="checkbox"/> Dawn	<input type="checkbox"/> Sealed	<input type="checkbox"/> Unsealed
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Is vehicle drivable following accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has the vehicle been towed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, Towing company:		Has the account been paid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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When and where will the vehicle be available for assessment?

Is the vehicle subject to any finance agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, please advise	
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THIRD PARTY DETAILS:						
Vehicle:	Year:		Make:		Model:	
Reg:	Body Type:		Colour			
Owner's Name:						
Address:						
Home Phone:				Mobile:		
Drivers Name:				DOB:		
Address						
Describe the damage to other vehicle or property:						
Name of Third Party's Insurer:					Policy Number:	

THIRD PARTY DETAILS (only complete if more than one car involved) :						
Vehicle:	Year:		Make:		Model:	
Reg:	Body Type:		Colour			
Owner's Name:						
Address:						
Home Phone:				Mobile:		
Drivers Name:				DOB:		
Address						
Describe the damage to other vehicle or property:						
Name of Third Party's Insurer:					Policy Number:	

WITNESSES TO INCIDENT						
Witness 1 Name:						
Address:						
Home Phone:				Mobile:		
Where was witness?						
Witness 2 Name:						
Address:						
Home Phone:				Mobile:		
Where was witness?						

THEFT OF VEHICLE						
Date:				Time:		
Location (Street):				Suburb:		
Theft: <i>(Describe events from the time parked until discovered missing)</i>						
Was the vehicle locked	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, provide reason:			
Are there duplicate keys?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Who has a set of keys?						
Was the vehicle alarmed or fitted with an immobiliser?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:			

If yes, was alarm of immobiliser turned on?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If not turned on, please advise why?					
Has the vehicle been recovered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If yes by whom?					
Location Vehicle was recovered?					
Indicate damage to vehicle (if recovered):	<input type="checkbox"/> Left side	<input type="checkbox"/> Right side	<input type="checkbox"/> Front	<input type="checkbox"/> Front Left	
	<input type="checkbox"/> Front Right	<input type="checkbox"/> Interior	<input type="checkbox"/> Rear	<input type="checkbox"/> Rear Left	
	<input type="checkbox"/> Rear Right	<input type="checkbox"/> Nil	<input type="checkbox"/> Other:		
Was the Theft reported to the Police?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What Police station:		
			Police Report Number:		
Is vehicle drivable following theft?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has the vehicle been towed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Towing company:			Has the account been paid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
When and where will the vehicle be available for assessment?					
HISTORY					
Has the Insured or the driver had any insurance or renewal of Insurance declined or cancelled or special conditions imposed in the past 5 years?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide details:					
Has the Insured or the driver been convicted or had any fines or penalties imposed for any criminal offences?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide details:					
Has the Insured or the driver had an accident or made a claim on a motor vehicle insurance policy in the last 5 years				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide details:					
Has the Insured or the driver been convicted of or had any fines or penalties imposed for any driving offences (such as speeding, disobeying traffic lights etc) in the last 5 years				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, 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.

NAME & TITLE: _____ (State Full Name)

ON BEHALF OF: _____ (Name of Firm)

DATE: _____ (dd/mm/yyyy)

Note: By completing and lodging/submitting this form, you agree to the above **Declaration**.