



To obtain a quick response to your claim:

- 1. Answer ALL questions fully and correctly
2. Attach a copy of the Driver's Licence for the driver of the vehicle at the time of the accident.
3. Make sure you have read, signed and dated the declaration

Policy Number..... Due Date.....
Claim Number.....

Insured Details

Name of Insured
Address
Town/Village Telephone No.: Mobile
Home Work
E-mail address

Vehicle Details

Make Model Type (car van etc).....
Reg. No Eng No Year
Vehicle c.c. Is vehicle owned/hired/leased/loaned?
Name of registered owner if different to the insured

Has vehicle been modified? Yes [] No []

If yes, state details

Was any part of the vehicle in a damaged condition before the accident? Yes [] No []

If yes, please describe damage

Is there a finance or lease agreement on the vehicle? Yes [] No []

If yes, name of lending company

Address

Town/Village Telephone No.: Mobile

Home Work

Was there any other insurance in force on the vehicle at the time of the accident? Yes [] No []

If yes, name of insurance company

Driver Details

Name Date of Birth

Address

Town/Village E-mail address.....

Phone nos. Work

Home Fax Mobile

Licence No..... Expiry Date Class (A, B, C, etc)

Country Issued

Licence Special Endorsement/Restrictions

Years Licensed.....

What is the relationship between the driver and the insured?

Is the driver the permanent or regular driver of the vehicle? Yes No

If **no**, is the driver employed by the Insured? Yes No

Was the driver driving with the knowledge and consent of the insured? Yes No

What was the purpose of the journey?

Has the driver a vehicle of his/her own? Yes No

Was it in use at time of accident? Yes No

If **yes**, give details Name of insurer

Was the vehicle let on hire? Yes No

Employed for carriage of fare paying passengers? Yes No

Has any Insurer ever **declined, cancelled or refused to renew the driver's motor insurance or imposed**

Special conditions

Yes No If **yes**, please give details

Did the driver consume any alcohol or drugs (prescribed or otherwise) during the 12-hour period before the accident?

Yes No If **yes**, state details

Please list details of previous convictions or infringements for any driving or criminal offence within the last 5 years. (If non state NIL)

Approx. date..... Offence(s).....

.....Action taken.....

Damage

Describe the damage to the insured vehicle directly resulting from the accident

.....
.....
.....

Where is vehicle now

City/Suburb Telephone No.: Mobile

Home Work

Was vehicle towed? Yes No

If yes, by whom?

Please attach a written quotation for the damage to your vehicle

Accident Details

Date Time am/pm

Location/Street

Town/Village.....

Road Surface: Sealed Unsealed How was visibility? Good Moderate Poor

Weather: Fine Raining Foggy Other

What was your speed, 60 feet before the accident At the time of impact

Other vehicles speed, 60 feet before the accident At the time of impact

Were your headlights/ indicators on and functioning?

What lights were showing Was any warning given?

Did either party admit liability? If yes, which party?

Who do you think was responsible?

Explain exactly how the accident happened (Use a separate sheet if necessary or back of this form).

Driver

Date

PLEASE SKETCH A PLAN OF THE ACCIDENT

	<p><u>DIRECTION</u></p> <ol style="list-style-type: none"> 1. Name the streets 2. Give width of streets 3. Indicate line or lane markings 4. Show give way and stop signs 5. Show traffic control lights 6. Indicate distances _____ 10ft 7. Indicate speed of vehicles 8. Show accurately position of vehicles and witnesses 9. Show your vehicle other vehicle <input style="width: 20px; height: 15px; border: 1px solid black; text-align: center; vertical-align: middle;" type="text"/> 1 10. Show point of impact with an X
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Third Party Details

Please attach any demands received from the third party
If more than one vehicle involved, please attach a separate sheet or use the back of this form

Other vehicle involved

Make/ Model Reg. No. Body Type
..... Vehicle cc. Year

Describe damage to other vehicle.
.....
.....

Drivers Name Owners Name
Address Address
Town/Village Town/Village
Telephone No. : Mobile Telephone No.: Mobile
Home..... Work Home Work
Licence No Insurer..... Policy No

Was any property damaged in the accident, other than a motor vehicle? Yes No

If yes, what else was damaged?

Owner
Address
Town/Village Telephone No.: Mobile
Home Work

Police Information

Did police attend accident or was accident reported to police station Yes No

If yes, Officer's Name Station

Incident Report No. Station Address

Was the driver of the insured vehicle tested for alcohol or drugs? Yes No

If yes, what was the result?

Was any person charged, cautioned or infringed because of this accident? Yes No

If yes, Name Offence(s).

Passenger(s)

Were there any witnesses to the accident? Yes No

If yes, please provide further details

Name Name
Address Address
Town/Village Town/Village
Telephone No.: Mobile Telephone No.: Mobile
Home..... Work..... Home Work

Witness

Were there any witnesses to the accident?

Yes No

If yes, please provide further details

Name Name
Address Address
Town/Village Town/Village

Property Damaged/Injured Persons (if passengers, please state in which vehicle)

Property owner's name
Address
Town/Village Telephone no. : Mobile
Home Work
Description of property
.....

Extent of damage
.....
.....

Injured person(s)

State name and address (weather conditions, driver, pedestrian; details of injury; medical attention needed; name of health clinic/hospital)

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Declaration

I/We declare that the information supplied on this claim form is true in every respect.
I/We consent to the use of my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, my claim may not be able to be processed. * I consent to the disclosure of my personal information to other Insurers, an Insurance reference service or as required by law. I consent to also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

* This consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business

Signature Date Date
Driver **Insured**

