

Motor Vehicle Claim



Insured Details

Insured/Company:	
Address:	Postcode:
Policy No.:	
Phone Number:	Email:

Goods & Services Tax (GST)

<p>Are you registered for GST purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Do you have an ABN? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>What is the GST percentage amount claimed: _____%</p>

Insured Vehicle Details

Make:	Model:	Year:	Colour:
Registration Number:			
Finance Company (If applicable):			

Use of vehicle at the time of loss/damage: Daily/Commuting to work Daily/Non Commuting Business

Driver Details

Driver: Insured Family Member Other

Name:			
Address:			Postcode:
Phone:	Mobile:	Date of Birth:	
Driver's Licence No.:	Class:	Expiry Date:	Driving Experience (years):

Did the driver consume any alcohol or take any drugs within the 12 hours prior to the collision? Yes No

If Yes, please state how much: _____

Has drivers license been suspended/cancelled? Yes No

Details When/Why:

Did the driver undergo a breath or blood test? Yes No

If Yes, please state the result and attach a copy of the test result:

Other Party Details

Driver's Name:		
Driver's Address:		Postcode:
Driver's Phone:	Date of Birth:	Driver's Licence No.:

Registered Owner:	
Owner's Address:	
Owner's Phone Number:	

Year:	Make:	Model:	Colour:	Registration No.:
Insurance Company:			Estimated Cost of Damage: \$	
Area of damage to other vehicle:			Please advise of any other property damage (eg, building, fence etc)	

Witness Details (Please indicate on diagram of accident in **Figure 1** where witness was located)

Name:	
Address:	
Postcode:	
Phone:	Age:

Police Involvement

Did the Police attend the collision/theft scene? Yes No

If No, was the incident reported to the Police? Yes No

If Yes, which Police Station? (please also attach a copy of the police report):

Details of the Loss/Damage

Date: Time: [] am [] pm

Where did the loss/damage occur? Street: Suburb/Town:

Who do you consider responsible for the loss/damage, and why?

What speed were the vehicles travelling at the time of the loss/damage occurring?

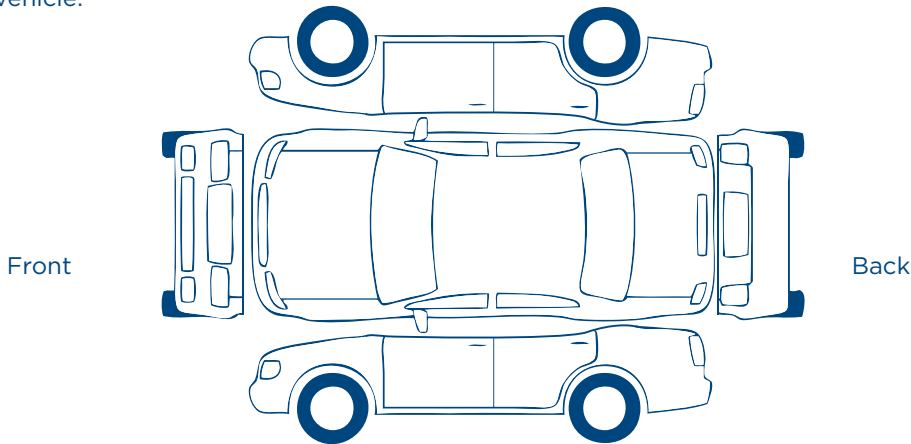
Your vehicle: Other vehicle:

Was there any damage to your vehicle prior to the loss/damage occurring? [] Yes [] No

If Yes, provide details:

[Empty text box for details]

Figure 1: Please indicate on the diagram below, the area of damage to your vehicle:



If damage was sustained in a collision, please draw a diagram of the incident indicating travelling direction and location of all vehicles involved:

[Large empty box for collision diagram with legend: Stop Sign, Traffic Lights, Give Way]

Was your vehicle towed from the accident scene? Yes No

If Yes, by whom and to where was it towed?:

Is your vehicle currently at a repair shop? Yes No

If Yes, at which repair shop?:

If No, please provide contact details so we may arrange to assess damage to your vehicle:

Declaration

The information is, to the very best of my knowledge, true in every respect.

Signature of Driver: Date:	Signature of authorised manager or insured: Date:
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