

# Motor Vehicle Claim

## Insured Details

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

## Goods & Services Tax (GST)

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

## Insured Vehicle Details

Make:	Model:	Year:	Colour:
Registration No.:			
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:
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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:

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### 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:	Postcode:
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):

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**Details of the Loss/Damage**

Date:	Time: <input type="checkbox"/> am <input type="checkbox"/> 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:
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What were the road conditions at the time of the accident?

(a) Sealed roadway  Wet  Dry (b) Unsealed roadway  Wet  Dry

What were the weather conditions at the time of the accident?

Fine  Overcast  Raining  Storm  Hail  Other weather conditions

What vehicle lights were in use?

By you:	By the other driver:
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What signals were given?

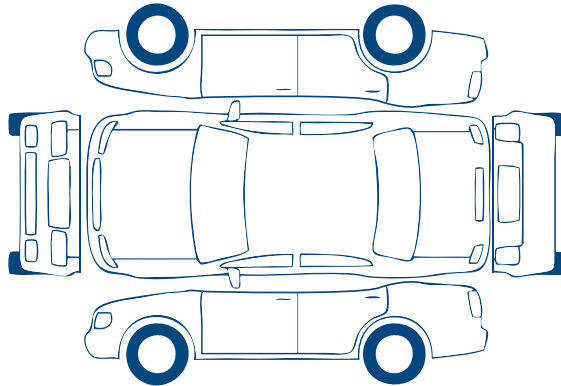
By you:	By the other driver:
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Was there any damage to your vehicle prior to the loss/damage occurring?  Yes  No

If Yes, provide details:

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**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:      Front      Back

Legend

O Stop Sign

X 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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