

To:

From:

Company: Australian Insurance Services

Pages: 1 of 4

Fax: 08 9388 1907

Date:

Re:

Thank you for providing us with the notification of your claim. The claim form is attached. Can you please read the following details before completing this form. Please feel free to contact us should you require any assistance

- 1) Please complete and return the attached form to our office. Attach all relevant original quotations, invoices, valuations and receipt of purchases (obtained for the repair/replacement of damaged property). Please also attach any letters of demand or other correspondence that you may receive/have received from a Third Party. Do not attach photocopies.
- 2) For claims involving loss/damage to your own property the appropriate authorities, i.e. Fire Brigade/Police, should be notified and every reasonable effort made to prevent further loss/damage. Damaged property, if any, should not be disposed of without permission of the Insurer or Assessor.
- 3) An assessor could be appointed and you will be advised if this action is taken.
 - Keep in contact with the assessor so the report can be provided to Insurers on time.
 - If there is any matter not receiving prompt attention you should call us immediately.
- 4) Please keep all supporting documentation for your claim for presentation to the Insurer or Assessor, such as original invoices, receipts, owners manual, photos, etc. Quotes from retailers or trade suppliers to replace/repair, itemising the precise nature of their quotation, eg size, type, model, age, hours and cost of labour, cost of parts.
- 5) Where personal injury/property damage to third parties is involved, offer assistance but **DO NOT ADMIT** liability. Advise the party involved to give written details of their claim against you for passing on to your Insurer.
- 6) Please refer to the claim form for more instructions for the management of your claim.

Should you require any further assistance, please contact us.



Telephone: 08 9388 1688

Facsimile: 08 9388 1907

Email: reception@australianinsurance.om.au

Address: 439 Vincent St West

West Leederville WA 6007

Postal: PO Box 249

Leederville WA 6903

DRIVERS QUESTIONNAIRE

Please complete and return this claim form as soon as possible, so that your claim will receive prompt consideration by the Insurers.

Name of Insured _____

Name of Driver _____

Residential Address _____

_____ Post Code _____

Phone Private _____ Business _____

Fax No. _____ Mobile _____

Email _____ Contact Name _____

Date of Birth _____ / _____ / _____ Marital Status _____

License No. _____ Class of License _____

State of Issue _____ Expiry _____ Total Years Licensed _____

Type of vehicle to be driven _____ Years Licensed to drive this type of Vehicle _____

Have you had any convictions in the last 5 years for:

Alcohol / D.U.I. Yes No Culpable Driving Yes No

Drug Offences Yes No Negligent Driving Yes No

Dangerous Driving Yes No Criminal Yes No

Traffic Offence Yes No

Have you ever been involved in any accidents or logged a claim in the last 5 years? Yes No

Have you ever had insurance declined, cancelled, renewal refused or special conditions imposed? Yes No

Have you ever had a driving license endorsed, suspended or cancelled? Yes No

Do you suffer from any physical or mental disability or any medical condition (e.g. epilepsy, diabetes, heart condition, faulty eyesight), which could affect your driving performance? Yes No

If you have answered yes to any of the above please provide full details (attach additional pages as necessary)

Please provide details of your last 5 years of employment (show unemployed periods)

Name of Employer Period Employed Job description/Type of Vehicle Fulltime/Casual

PRIVACY

The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

DISPUTE RESOLUTION

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details.

If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

DECLARATION

I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and in no matter deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.

Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect to such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.

I/We acknowledge that I/we have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim.

I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

Insured's Signature _____ Date _____