

**To:**

**From:**

**Company:** Australian Insurance Services

**Pages:** 1 of 10

**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](mailto:reception@australianinsurance.om.au)  
Address: 439 Vincent St West  
West Leederville WA 6007  
Postal: PO Box 249  
Leederville WA 6903

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# MOTOR VEHICLE CLAIM FORM

The Issue of this Form is not an Admission of Liability by Insurers

Policy # :

Claim # :

We understand the difficulties arising from your accident.

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

**PLEASE NOTE**

1. If your vehicle can be safely driven, a quotation for its repair should be faxed/returned with this claim form.
2. Repairs must not be authorised without Insurer's approval.
3. Licence / permit / registration of the driver (or a photocopy of both sides) should accompany this form (enlarged if possible).
4. If anyone holds you responsible for damage to their vehicle or property, insist their claim be in writing and include two quotations for repairs, which should accompany this form. Do not admit Liability.
5. Insurers / Assessor may suggest a guaranteed repairer supply a quote if needed.

## THE INSURED

Surname \_\_\_\_\_ Other Names \_\_\_\_\_ Mr, Mrs, Miss, Ms

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Occupation \_\_\_\_\_

Phone Private \_\_\_\_\_ Business \_\_\_\_\_

Fax No. \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Contact Name \_\_\_\_\_

### Are you registered for GST?

No  Yes  > What is your ABN?

:	:	:	:	:	:	:	:	:	:
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Have you claimed an input tax credit on the GST amount applicable to this policy?

No  Yes  > Is the amount claimed less than 100% No  Yes  > Specify amount

Of the GST applicable to the premium? claimed:  %

Are you entitled to claim an input tax credit for the repairs or replacement of the vehicle?

No  Yes  > Is the amount claimable less than 100% No  Yes  > Specify amount

claimed:  %

**THE INSURED VEHICLE**

Year \_\_\_\_\_ Make \_\_\_\_\_  
\_\_\_\_\_ Model \_\_\_\_\_

Type of body \_\_\_\_\_ Engine No. \_\_\_\_\_

Registration No. \_\_\_\_\_ No. of Cylinders \_\_\_\_\_ Manual/Automatic \_\_\_\_\_

Colour \_\_\_\_\_ Carrying Capacity \_\_\_\_\_ Tonnes \_\_\_\_\_

What accessories were fitted to the vehicle? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you improve/modify the vehicle in any way? No  Yes

If yes, specify, indicating improvements/modifications together with costs \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For what purpose was the vehicle being used at the time of the accident?

Private       Business       Trade       Other \_\_\_\_\_

Name of registered owner of vehicle \_\_\_\_\_

Name of Finance Co. (If under hire purchase or lease) \_\_\_\_\_

Contract No. \_\_\_\_\_

Has the insured ever made a claim under a motor vehicle policy or been convicted of any offence arising from the use of a motor vehicle? No  Yes

If so, give details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE DRIVER**

Surname \_\_\_\_\_ Other Names \_\_\_\_\_ Mr, Mrs, Miss, Ms

Drivers Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone No. Private \_\_\_\_\_ Business \_\_\_\_\_

Licence No. \_\_\_\_\_ State of issue \_\_\_\_\_ Expiry Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Year licensed \_\_\_\_\_ Occupation \_\_\_\_\_

Relationship to insured (Spouse, Employee, Friend, etc) \_\_\_\_\_

Was the vehicle being used with insured's knowledge and consent? No  Yes

Approximately how frequently in a period of a year does the driver drive this vehicle? \_\_\_\_\_

Does the driver hold motor insurance on any other vehicle? No  Yes

Had the driver consumed any intoxicating liquor or taken any drugs during 12 hours prior to accident? No  Yes

If so give particulars \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the driver undergo a breath analysis test? No  Yes

If "yes", advise result of test \_\_\_\_\_

Did the driver undergo a blood test and/or drug test? No  Yes

If "yes", advise result of test \_\_\_\_\_

Has the driver within the last five years had any insurance or renewal of insurance declined or cancelled or special conditions imposed? No  Yes

If yes give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the driver within the last five years had an accident, fire or theft involving a motor vehicle and/or made a motor claim against any insurer? No  Yes

If yes give details.

Date of Loss	Type of Claim (Theft, Collision, etc)	Amount of Loss	Insurance Company

**ATTACH SEPARATE SHEET IF INSUFFICIENT ROOM**

**THE ACCIDENT**

Date of accident \_\_\_\_\_ Time \_\_\_\_\_ am/pm \_\_\_\_\_ Day

Place of accident: Street \_\_\_\_\_  
 \_\_\_\_\_ Town/Suburb \_\_\_\_\_ State \_\_\_\_\_

Name of nearest cross street \_\_\_\_\_

Brief description of accident \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Estimate speed of your vehicle at time of impact \_\_\_\_\_ Km/H.

Estimate speed of other vehicle at time of impact \_\_\_\_\_ Km/H.

Was horn on your vehicle sounded or other warning given? \_\_\_\_\_

On what side of the road was your vehicle travelling? \_\_\_\_\_

What were the weather conditions? \_\_\_\_\_

How many lanes? \_\_\_\_\_ Which lane were you travelling in? \_\_\_\_\_

What was the condition of the roadway (Sealed, rough, or otherwise?) \_\_\_\_\_

Who do you consider responsible for accident? \_\_\_\_\_

Give reasons \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Did either party admit liability or make any offer of payment? \_\_\_\_\_

Which vehicles were towed from the scene? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**THE OTHER VEHICLE**

Owners name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Drivers name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Driver's approx age \_\_\_\_\_ Licence No. \_\_\_\_\_  
\_\_\_\_\_ Phone No. \_\_\_\_\_

Name of insurer of other vehicle \_\_\_\_\_ Reg No. \_\_\_\_\_

Make/Model of vehicle \_\_\_\_\_ Year \_\_\_\_\_

Policy No. \_\_\_\_\_ Colour \_\_\_\_\_

Give particulars of damage to Third Party (A) vehicle \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(B) Fixed property \_\_\_\_\_

Has any demand for this damage been made against you? No  Yes

Note: If any other vehicles involved, please attach details.

Please attach any demands.

**WITNESSES**

Name Addresses and Telephone numbers of witnesses in insured vehicle

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names, Address and Telephone numbers of independent witnesses.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**POLICE**

Did a police officer attend the accident? No  Yes

If "no" state time and date reported to police station \_\_\_\_\_

Name of police officer \_\_\_\_\_ Police Station \_\_\_\_\_

Did police lay any charges against either driver or intimate action may be taken? No  Yes

Name of driver charged \_\_\_\_\_ Nature of charge \_\_\_\_\_

**DAMAGE TO INSURED VEHICLE**

Was the insured vehicle damaged? No  Yes

Where can the vehicle be inspected? \_\_\_\_\_

Have you obtained a quotation for repairs? No  Yes

Amount \$ \_\_\_\_\_

PLEASE FORWARD QUOTATION WITH THIS FORM.

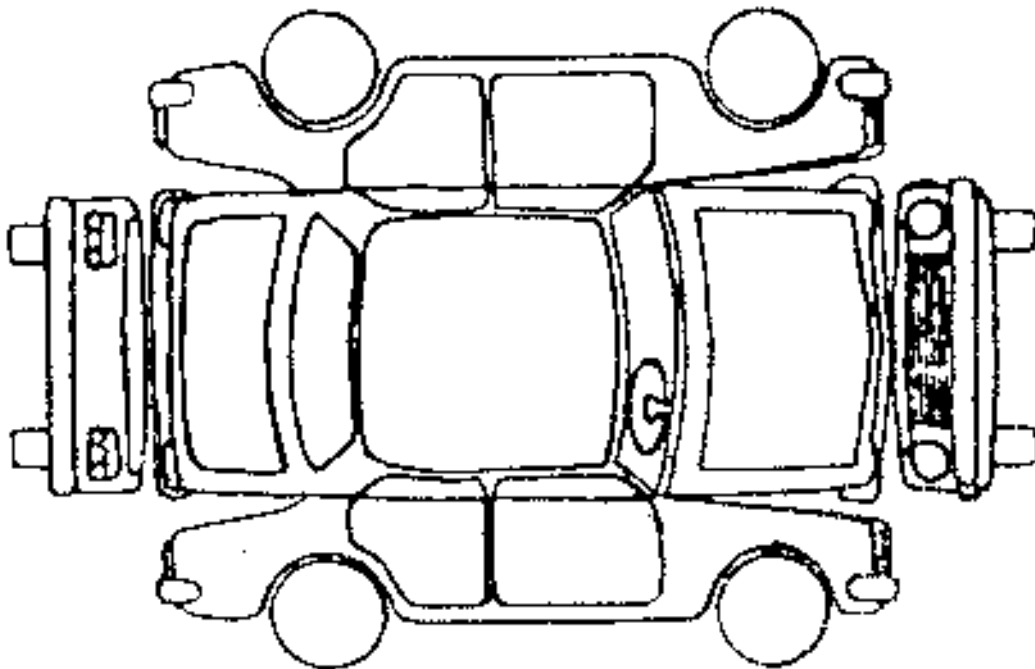
Name of repairer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

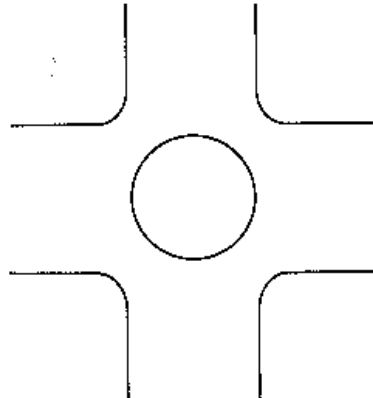
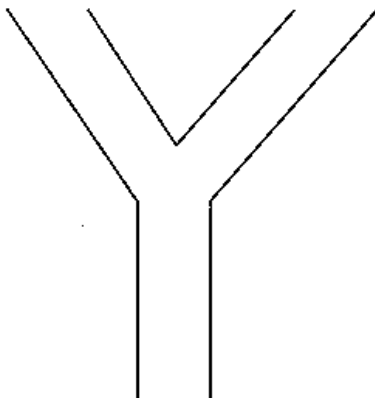
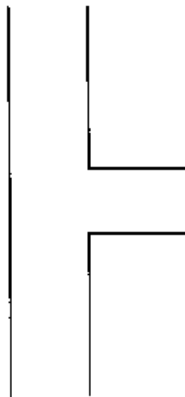
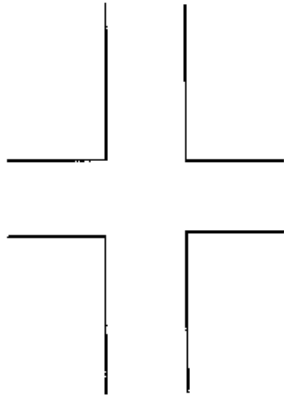
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Shade in damage to insured vehicle related to this accident.



## **SKETCH PLAN OF ACCIDENT**

Please complete the plan design applicable to the accident. If necessary, alter the design to suit a particular scene. Indicate centre of roadway, direction and location of vehicles, and location and nature of traffic control signs. Insured's vehicle, ■ other party's vehicle  Mark point of impact with "X".



**To avoid unnecessary delay in processing your claim, it is important that you attach documentation to support :**

- **ownership of all property claimed, eg. Original invoices, owners manuals, photos, receipts, etc...**
- **the repair / replacement of your loss. Eg. Original invoices, receipts, etc... by trade suppliers / repairers – itemising the precise nature of their quotation or work under taken eg. Size, model, type, age, hours, cost of labour, parts, prices...**

## **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.

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

Monday, 8 March 2010

## CLAIMS ADVICE

RE:

Dear

This page is your receipt / copy of claim detail for your records.

Whilst every effort has been made to ensure these details are correct, please take this opportunity to ensure that any pre-filled details are correct

Insurer

Policy Number

Claim Number

We trust the attached material is clear and informative. However, should you have any questions or should you require further assistance, then please do not hesitate to contact our office.

Regards,

Account Executive.

**FOR YOUR RECORD – VI CE C REPAGE.**