

## Motor Vehicle Claim Form

**(The issue of this Form is not an Admission of Liability by Insurance Advisernet Australia)**

To assist us in processing of your claim please complete this form and send to Insurance Advisernet Australia along with a quotation of repairs.

**NOTES:**

- Repairs must not be authorised without the approval by Insurance Advisernet Australia
- If anyone holds you responsible for damage to their vehicle or property, ask for their claim to be in writing and to include one quotation for repair. Send it to Insurance Advisernet Australia. **Do not admit liability.**
- Obtain quote for repair
- Leave the completed claim form with the repairer
- Have the repairer phone us and arrange an assessment of your vehicle - this must be done by 3 pm on the day prior to the assessment being required

**OFFICE USE ONLY**

<b>ABR No.</b>	<b>Client No.</b>	<b>Claim No.</b>
<b>Class</b>	<b>Sub Class</b>	
<b>Claim Code</b>	<b>Fault Code</b>	<b>Claim Category</b>

**POLICY INFORMATION**

Policy No.: \_\_\_\_\_ Policy due date: \_\_\_\_\_

Accident date: \_\_\_\_\_ Accident time: \_\_\_\_\_ am/pm

Date reported to you: \_\_\_\_\_

**THE INSURED**

Insured's Name: \_\_\_\_\_

Contact Person

Surname: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Phone No. (H) \_\_\_\_\_ Phone No. (B) \_\_\_\_\_

Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male  Female

**GST registered: Yes  No  ABN No.:** \_\_\_\_\_

**ITC% Claimed on Premium:** \_\_\_\_\_ **ITC% Claimed on Vehicle:** \_\_\_\_\_

**THE LOSS**

Description of Loss

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location where loss or damage occurred?  (tick) if same as postal address

Street: \_\_\_\_\_ Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**INSURED VEHICLE DETAILS**

Year of Manufacture: \_\_\_\_\_ Registration No.: \_\_\_\_\_

Make: \_\_\_\_\_ VIN No.: \_\_\_\_\_

Model: \_\_\_\_\_

Name of Registered Owner?  (tick) if same as insured.  Other – Who?

Has the vehicle been modified or had Accessories fitted? If “Yes”, provide details:  Yes  No

Is the vehicle subject to Finance?  Yes  No

If “Yes”, name of company: \_\_\_\_\_

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

Has your vehicle been damaged in this incident?  Yes  No

Are you claiming for damage to your vehicle?  Yes  No

**DETAILS OF DRIVER**

Driver’s Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone No.: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Date of birth: \_\_\_\_\_

License No.: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Year Licensed: \_\_\_\_\_

**Please provide a photocopy of the driver’s current license:**  Enclosed

What is the Drivers relationship to the Insured?  Self  Other (Please specify)

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

**If “Yes”, provide details of this vehicle’s insurer:** \_\_\_\_\_

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

**If “Yes”, provide details of consumption:** \_\_\_\_\_

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

**If “Yes”, result of test:** \_\_\_\_\_

Has the driver been charged or summonsed with **any** traffic offence or infringement within the last five years (other than parking)? **If “Yes”, give details:**  Yes  No

Was vehicle being used with Insured’s knowledge and consent?  Yes  No

Has the driver within the last five years had an accident, fire or theft involving a motor vehicle and/or made a claim against any insurer? <b>If "Yes", provide details as follows:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date of Loss</b>	<b>Type of Claim</b> (theft, collision, etc.)	<b>Amount of Loss</b>	<b>Insurance Company</b>

**THE ACCIDENT**

Date of Accident: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time of accident: \_\_\_\_\_ am/pm

Location of accident: \_\_\_\_\_

Describe how the accident occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What were the weather conditions?  Dry  Wet  Other: \_\_\_\_\_

What was the condition of the roadway?  Sealed  Unsealed  Other: \_\_\_\_\_

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

Why do you consider them responsible? \_\_\_\_\_

What purpose was the vehicle being used for at the time of the accident?

Private    Business    Trade

Where can we inspect your vehicle? \_\_\_\_\_

**THE OTHER VEHICLE**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Driver's Name:  (tick) if same as owner's name.  Other specify: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Driver's Age: \_\_\_\_\_ Licence No.: \_\_\_\_\_ Phone No: \_\_\_\_\_

Make/Model of vehicle: \_\_\_\_\_

Year of manufacture: \_\_\_\_\_ Rego No.: \_\_\_\_\_ Colour: \_\_\_\_\_

Give details of damage to this vehicle: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who is their insurance company? \_\_\_\_\_

Policy No.: \_\_\_\_\_

**OTHER PROPERTY DAMAGED – other than a motor vehicle**

Give details of damage to other property: \_\_\_\_\_

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

**WITNESSES**

Name	Address	Phone No.	Witness	
			In Insured Vehicle	Independent
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**POLICE**

Did a Police Officer attend the accident?  Yes  No

Police Station: \_\_\_\_\_

Police Officer's Name: \_\_\_\_\_

If "No", provide details regarding police station accident was reported to: \_\_\_\_\_

Give details of when it was reported: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ What is the Police report Number? \_\_\_\_\_

Did Police lay charges against either driver or indicate action may be taken?  Yes  No

If "Yes", Name of driver charged: \_\_\_\_\_

What were they charged with? \_\_\_\_\_

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

If your vehicle was damaged in this accident, please shade in the damaged areas on the diagram below.

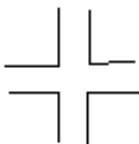
**SKETCH PLAN OF ACCIDENT**

Please complete the plan design applicable to the accident. If necessary, alter the design to suit the particular scene.

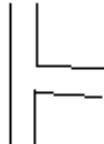
Indicate centre of roadway, direction and location of vehicles, and location and nature of traffic control signs.

Insured's vehicle , other party's vehicle  Mark point of impact with an "X".

1.)



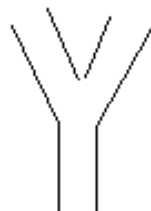
2.)



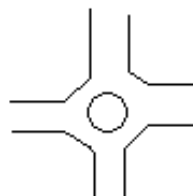
3.)



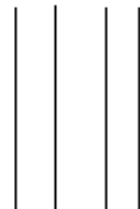
4.)



5.)



6.)



**DECLARATION AND SIGNATURE**

The information and answers given above are to the best of my knowledge true and correct. I have not withheld any information likely to affect Insurance Advisernet Australia’s consideration of the claim.

Driver’s Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insured’s Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Privacy:** The Privacy Act 1998 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, external claims data collectors, investigators and agents, to the Insurance Reference Services (IRS), etc or other parties as required by law.

You have the right to seek access to your personal information and to correct it at any time. Please contact your Authorised Representative to advise of any changes.