Claim Number:

1. Policyholder

Full Name and Address of Policyholder	Occupation:
…… …… …… ……	…… Telephone Numbers: Business Hour (…..) …… After Hour (…..) ……

Insurer:	Policy No:	Expiry Date:
……	……	……. / …… / 20……

For what purpose was the vehicle being used?

……

2. Insured Vehicle

Make & Model:	……

Body Type:	Year of Manufacture:
……	……
Registration No:	**Engine No:**
……	……
V.I.N. No:	**Expiry Date of Registration:**
……	……../ ……. / 20…….

Name & Address of Finance Co. (if applicable)

……

……

Have there been any engine, body or transmission modifications from the manufacturer's original specifications or any accessories added?

☐ Yes ☐ No *If yes, please give details:*

……

……

3. Driver (Please complete these details in respect of the person in charge of the vehicle at the time of the accident)

Full Name and Address of Driver …… …… …… ……	Occupation: …… Gender: ☐ Male ☐ Female Date of Birth: …… / …… / ……
Drivers Licence No: ……	State of issue: ……
How long has the driver held a motor vehicle drivers licence? …… years	Expiry Date of Licence: …… / …… / ……

Was the vehicle being used with the full knowledge and consent of the policyholder?

☐ Yes ☐ No

What is the relationship of the Driver to the Policyholder?

☐ Self ☐ Relative ☐ Employee ☐ Friend ☐ Other

If Other, please describe:

……

Have you (the Policyholder) or the driver of the vehicle at the time of the accident:

(i) been involved in any previous motor vehicle accident in the last 5 years?
☐ Yes ☐ No

(ii) been charged with any offence in relation to the use of a motor vehicle in the last 5 years?
☐ Yes ☐ No

(iii) had any insurance declined or cancelled, been refused renewal of an insurance or had special terms imposed in the last 5 years?
☐ Yes ☐ No

If "Yes", to (i), (ii) or (iii), please give details below:

Name	**Date**	**Particulars** (eg, name of insurance company, details of charges etc)

Was the driver under the influence of any drug or alcohol at the time of the accident? ☐ Yes ☐ No
Please state what drugs or how much alcohol was consumed by the driver in the 12 hours prior to the accident: …… ……
Did the driver undergo a breath test? ☐ Yes ☐ No If Yes, what was the reading?
Has the driver's motor vehicle licence ever been cancelled or suspended? ☐ Yes ☐ No If Yes, please give details: …… …… ……

4. **Accident Date**

Date of accident:	……. / …… / 20……	**Time of accident:** …… am/pm

5. **Description of Accident**

Name of street where accident occurred	……
If at an intersection, names of intersecting streets	……
Suburb, Town, City	……
State clearly and fully how the accident occurred *(if insufficient space, attach separate statement)*	…… …… …… ……
Was the street wet?	☐ Yes ☐ No
Did the other party admit liability?	☐ Yes ☐ No If Yes, please give details: …… ……

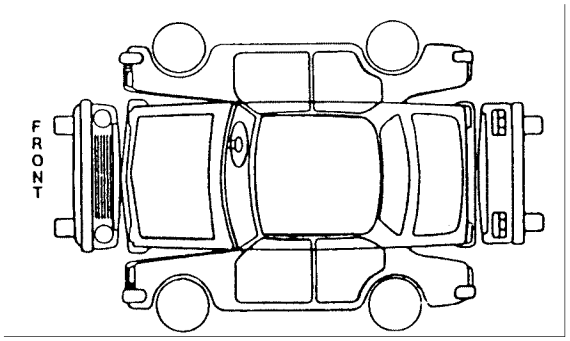
Please draw sketch showing position of all vehicles and pedestrians at the time of the accident:

Please draw Sketch showing position of all Vehicles and Pedestrians at the time of the accident. Show also position of all Traffic Lights, Signs, and Pedestrian Crossings.

SYMBOLS

Street Intersection		Pedestrians	
Curved Street		Stop Sign	STOP
Your Vehicle		Give Way Sign	
Other Vehicle		Traffic Lights	

SHOW NORTH BY ARROW

Did the driver suffer any injury?	☐ Yes ☐ No
If Yes, was medical attention required?	☐ Yes ☐ No If Yes, state name and address of doctor or hospital ....
Please indicate Insured Vehicle's speed immediately prior to accident	☐ Stationary ☐ Under 30 km/h ☐ 30-60km/h ☐ 60-80km/h ☐ 80-100km/h ☐ Over 100km/h
Please indicate Other Vehicle's speed immediately prior to accident	☐ Stationary ☐ Under 30 km/h ☐ 30-60km/h ☐ 60-80km/h ☐ 80-100km/h ☐ Over 100km/h
Was the vehicle towed from scene of accident?	☐ Yes ☐ No If Yes, please give name of towing contractor .....
Did you authorise this towing?	☐ Yes ☐ No
Where can the vehicle be inspected? *(If at a repairer's premises - name & address of repairer)*	.... Telephone Number: .....
Estimated Cost of Repairs (including parts)	$ ..... Repair Quotation No: .....
Please indicate areas of damage to insured vehicle	

6. Police

Date reported to Police	……. / …….. / 20…….	**Time reported to Police** …… am/pm
Did the Police attend the accident?	☐ Yes ☐ No If Yes, please state: (i) From which Police Station? …… (ii) Name of Officer ……	
Did the Police indicate which driver was at fault?	☐ Yes ☐ No If Yes, please state: (i) Name of driver charged or cautioned …….. (ii) Nature of charge or caution ……..	

6. Other Parties (Please complete this section if any other vehicles or property involved)

Number of other vehicles involved	……	
Owner's name and address	…… …… …… …… ……	
Licence Number	……	**Age**
Make and Model of Vehicle		
Registration Number		
Driver's name and address	…… …….. …… …….. ……Postcode…… ……..	

Please give particulars of damage to other party's vehicle and/or property ***NB: (If more than one third party involved, please provide similar particulars on a separate sheet)***	…… …….. …… …….. …… …….. …… ……..

8. Witnesses

Passengers in Insured Vehicle	**Names**	**Addresses**
	…… …… …… …… …… ……	…… …… …… …… …… …… …… …… …… …… …… ……
Independent Witnesses	**Names**	**Addresses**
	…… …… …… …… …… ……	…… …… …… …… …… …… …… …… …… …… …… ……

9. ABN Details

Are you a registered business?	Yes ☐ No ☐	What is your ABN?	ABN No:
What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred? ……..%			

10. Declaration

The information and answers given above are a true and complete statement of the facts and matters relating to the happening for which this claim is made, and no information likely to affect this claim has been withheld. I authorise my Insurer to undertake on my behalf whatever actions are necessary to indemnify me within the terms of my policy including if necessary, removal of my vehicle to alternative premises to enable repairs to be carried out by a qualified Motor Body Repairer. I understand that this claim may be refused if information is untrue, inaccurate or concealed.

I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify [Value not set] in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Driver's Signature …… Date: ……/……/……..
……..

Policyholder's Signature …… Date: ……/……/……..
……..