

# MOTOR VEHICLE CLAIM FORM

**N.B. This form must be completed by the driver.**  
**Please answer all questions. If not applicable, please write N/A**



Pursuant to the Privacy Act 1993 the following is brought to your attention:

- (a) This claim form collects personal information about you;
- (b) The information is collected to evaluate your claim;
- (c) The intended recipient of the information is: The Insurer named below (hereinafter called "the Company") and is being held by them at their Head Office
- (d) The collection of this information is required pursuant to the terms of your insurance policy;
- (e) The failure to provide this information may result in your claim being declined;
- (f) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

Claim No: ..... Policy No: .....  
Insurance Coy: ..... Due Date: ..... Premium Paid: Yes  No   
Branch: ..... Excess: .....

## 1. POLICYHOLDER

Full name of Insured: .....  
OR Name of Company: .....  
Address: .....  
Ph Home: .....  
Bus: .....  
Email: .....  
Name of any other party with financial interest in the vehicle: .....

## INSURED VEHICLE

MAKE: .....  
MODEL: .....  
TYPE: (eg. Van, Car Artic, Flat-top etc.) .....  
YEAR: ..... REG NO: .....  
Has the vehicle been modified in any way: .....  
Is the vehicle a used import: Yes  No   
Has the vehicle a current Certificate of Fitness: Yes  No   
Is there any other insurance on the vehicle or accessories: Yes  No

## 2. PERSON DRIVING OR IN CHARGE OF THE INSURED VEHICLE (to be completed, even if parked)

Full name (Mr/Mrs/Miss/Ms): ..... Address: .....  
Date of Birth: ..... / ..... / ..... Occupation: .....  
Ph Home: ..... Bus: ..... Relationship to policyholder: .....  
Driver Licence No: ..... Type: ..... Date & Country of Issue: ..... Year Held: .....  
Licence Classes: (Please List) ..... Licence Special Conditions: (Please List) .....

- 1. Was the vehicle being driven with the owner's consent? Yes  No
- 2. Is he/she the main driver of the Insured vehicle? Yes  No

### If 'No' Please Provide Details

.....  
.....

- 3. If not the Policyholder do you own a vehicle? (name of insurance co)
- 4. Did driver consume liquor and/or drugs (include. Medication) within 24 hours prior to the accident?
- 5. Did the Police attend?
- 6. Was a breathalyser, or blood test, or any other such test done?
- 7. During the past 5 years, have you:
  - (i) Been convicted of any offence other than parking (type and penalty)
  - (ii) Had any other accident, loss of claim in connection with any motor vehicle (brief details of year/cost/insurance coy)

### If 'Yes' Please Provide Details

Yes  No  .....  
Yes  No  .....  
Yes  No  .....  
Yes  No  .....  
Yes  No  .....  
Yes  No  .....

Additional details for questions 2.1 - 2.7: .....  
.....  
.....  
.....

### 3. DETAILS OF OTHER PERSONS

#### Passengers in your vehicle

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

#### Independent Witnesses

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

#### Driver/Owner of Other Vehicle or Property

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Details of Vehicle / Property: \_\_\_\_\_  
REG NO: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Details of Vehicle / Property: \_\_\_\_\_  
REG NO: \_\_\_\_\_

### 4. DETAILS OF THE LOSS OR ACCIDENT (Please use the Sketch Plan Of The Accident on the final page of this form)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_ am/pm

Location (e.g. Address): \_\_\_\_\_ Suburb or Town: \_\_\_\_\_

Weather Conditions: Rain  Overcast  Fog  Bright Sun  Clear Night

Road Conditions: Sealed  Metal  Wet  Dry

What speed limit was in force? 50km/hour  100km/hour  Other  \_\_\_\_\_ km/hour

What was your speed: Prior to braking \_\_\_\_\_ At impact \_\_\_\_\_

Please state reason for journey: \_\_\_\_\_

Describe in detail how the accident occurred \_\_\_\_\_

What, in your opinion, caused the accident: \_\_\_\_\_

### 5. DAMAGE TO INSURED VEHICLE (Do not proceed with repairs without the Company's authority)

Describe damage: \_\_\_\_\_

Repairer: \_\_\_\_\_ Phone: \_\_\_\_\_ Estimate: \$ \_\_\_\_\_

If not at above, Date of Repair: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ OR where can vehicle be inspected: \_\_\_\_\_

### 6. INJURY OR CHARGES

Did anyone get hurt in the accident? Yes  No

If yes, please advise who and their relationship to the driver and known extent of the injuries \_\_\_\_\_

Have the Police laid or mentioned laying charges against the driver of your vehicle? Yes  No

If yes, do you know what the charges are likely to be \_\_\_\_\_

### DECLARATION: Note: Failure to provide full and truthful information could result in the Claim being declined.

- 1) **I/We agree to The Company disclosing my/our personal information regarding this claim to:**
- (a) Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICR Ltd) where it will be retained and made available to other insurance companies to inspect.
  - (b) Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.
  - (c) I/We understand that I am/We are entitled to have certain rights of access to and correction of the personal information held by The Company and ICR Ltd.

- 2) **I/We agree to The Company obtaining personal information about me/us that is, in The Company's view, relevant to this claim.**
- (a) From any other party including other members of the Insurance Industry and from Insurance Claims Register Ltd (ICR Ltd) Which holds details of claims made by me/us under policies with other insurers.

To the best of my knowledge all the information and answers (whether written or oral) given to The Company in connection with this claim are correct and that no information relevant to the claim has been omitted.

Policyholder's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(If company, please state your position or capacity)

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

**SKETCH PLAN OF THE ACCIDENT**

Indicate: Street names; direction of vehicle travel etc      Your Vehicle       Other Vehicle 

**DECLARATION: Note: Failure to provide full and truthful information could result in the Claim being declined.**

- 1) **I/We agree to The Company disclosing my/our personal information regarding this claim to:**
  - (d) Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICR Ltd) where it will be retained and made available to other insurance companies to inspect.
  - (e) Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.
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To the best of my knowledge all the information and answers (whether written or oral) given to The Company in connection with this claim are correct and that no information relevant to the claim has been omitted.

Policyholder's Signature: \_\_\_\_\_  
*(If company, state capacity)*

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Driver's Signature: \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_