

MOTOR VEHICLE CLAIM FORM

GENERAL INSURANCE BROKERS OF AUSTRALIA

Claimant Details

Name of Insured(s)

Occupation

Contact Person

Home No.

Work Phone No.

Mobile No.

Email

Insurer

Policy No

Interested Parties

Is the vehicle being claimed for under a Financial Agreement?

[] Yes [] No

If Yes; Name of Financier & Contract No.

G.S.T.

Are you register for GST purposes?

[] Yes [] No

If Yes

(1) What is your ABN

(2) To what extent are you entitled to claim an Input Tax Credit on the GST for this policy?

%

(3) To what extent are you entitled to claim an Input Tax Credit on the GST for this vehicle?

%

Vehicle Details

Year

Make

Model

Body Type

Registration No.

Has the vehicle been modified in any way?

Yes No

If Yes; detail modifications inc value :

Has the vehicle been fitted with any accessories?

Yes No

If Yes; detail accessories including value:

Who is the Registered owner of vehicle?

Name(s)

Phone No.

Email

Address

Driver Details

(include details of last Driver if vehicle was stolen or damaged whilst parked)

*** Not required to be completed if vehicle hail damaged.

Driver's Name

Date of Birth

Phone No.

Driver's Address

Licence No.

Class

Expiry

Years held

Was the vehicle being used with the Insured's consent?

Yes No

If Yes, Reason for use? (Business, Private etc.)

Driver's relationship to Insured?

How often does this driver use the vehicle in a year?

Did the Driver consume any alcohol or drugs during the 12 hours before the Accident?

Yes No

If Yes; Quantity

Was the Driver tested by the Police for alcohol or drugs?

Yes No

If Yes; result:

Does the driver hold motor insurance on any other vehicle?

Yes No

If Yes, provide details of Insurer and policy

Accident or Theft Details

Date of occurrence

Time of Loss

am/pm

Location

Accident: Describe events before, during and after the accident (include no. of lanes, speed, parked, reversing etc.)

Theft: Describe events from time parked until discovered missing (include who made discovery and any action)

Please provide a rough sketch of the accident scene and show the vehicle(s) with the following identification:

Your Vehicle = IV Third Party Vehicle(s) = TP1, TP2, TP3 (show registration numbers)

Checklist: Please show Street Names ■ Distances ■ Lines/Lane Markings ■ Traffic Signal/Signs ■

Position/Direction of your Vehicle Position of other Vehicle/Property Impact Point Position of Witness
(freehand)

Road Conditions Wet ■ Dry ■ Sealed ■ Unsealed ■ Day ■ Dusk ■ Night ■ Dawn ■

Describe what the vehicle was being used for at the time

Who do you believe was at fault and why?

Was there any admission of responsibility for the accident?

Yes No

If Yes, give details

Theft Events

If Yes, was alarm or immobiliser turned on? Yes ■ No ■

If not turned on, state reason

Where recovered? (If recovered, please complete Damage Section of Claim Form)

Please Include Details of Last Person in Charge of Vehicle or Last Driver, in Driver's Section of Claim Form

A. Fence Damage Claim

State where vehicle was stolen from

Was the vehicle locked? [] Yes [] No

Were the keys duplicated [] Yes [] No

Where were the keys at the time?

Who has each set of keys?

Was the Vehicle alarmed or fitted with an immobiliser? [] Yes [] No

If Yes, state which

If Yes to above, was alarm or immobiliser turned on? [] Yes [] No

If not turned on, state reason

Has the Vehicle been recovered? [] Yes [] No

If Yes, by whom?

If Yes to above, Where recovered? (If recovered, please complete Damage Section of Claim Form)

Please Include Details of Last Person in Charge of Vehicle or Last Driver, in Driver's Section of Claim Form

Damage

Please show damage on vehicle using diagram to assist.

Is the vehicle driveable? Yes No

If vehicle towed, state by whom

Where can your Vehicle be inspected?

Please attach any quotes that have been obtained.

Police: Please state below whether the Police were notified.
 No. State Reason
 Yes. Name of Officer Police Station

Police Report No. Date

Did the police attend the scene? Yes No

Were any charges laid or indications made of further action? Yes No
Give details (who and what)

Witnesses: Were there any witnesses to the event? Yes No
(If yes, please complete the following)

Witness 1

Name

Telephone No.

Address

Where was the Witness?

Second Witness

Name

Telephone No.

Address

Where was the Witness?

Third Party Details

(Please complete the following only if any other Vehicles were involved or other property damaged)

Vehicle

Year

Make

Model

Body Type

Registration No.

Colour

Owner's Name

Address

Home Phone No.

Work Phone No.

Mobile No.

Driver's Name

Address

Home Phone No.

Work Phone No.

Mobile No.

Describe the damage to other vehicle or property

Name of Other Party's Insurance Company

Policy No

If you have received any demands or notices from anyone? Please submit with Claim Form.

History: Have you or the driver had any insurance or renewal of insurance declined or cancelled or special conditions imposed in the last 5 years? Yes No

If Yes; Give details

Have you or the driver been convicted of or had any fines or penalties imposed for any criminal offence? Yes No

If Yes; Give details

Have you or the driver had an accident or made a claim on a motor vehicle insurance policy in the last 5 years? Yes No

If Yes; Give details

Have you or the driver been convicted of or had any fines or penalties imposed for any driving offence (such as speeding, disobey traffic lights etc) in the last 5 years? Yes No

If Yes; Give details

Privacy: The Privacy Act 1988 requires us to tell you that your insurer will collect your personal and sensitive information in order to calculate your loss and entitlements, determine their liability, compile data and handle claims. When handling claims, they 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.

You have the right to seek access to your personal information and to correct it at any time.

Internal Dispute Resolution (IDR) Statement: Disputes are not an everyday occurrence with any insurers. However all 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 this process, your insurer will advise you how to contact their external independent complaints scheme. (subject to eligibility).

Declaration:

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld.

I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

I/We acknowledge that I/we have read and understood the Privacy Act 1988 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, with their approval.

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

Signature of Insured

Date

Signature of Driver

Date