



INSURANCE ADVISERNET AUSTRALIA PTY LIMITED

AUSTRALIAN FINANCIAL SERVICES LICENCE NUMBER: 240549
ABN 81 072 343 643

Proudly Australian Owned and Operated

www.insuranceadviser.net

Motor Vehicle Claim Form

The supply or acceptance of this form is not an admission of liability on the part of Allianz.

The following claim form has been partially completed with standard information you have already provided to Insurance Advisernet Australia Pty Limited. Please check this information to ensure it is correct and advise us of any changes, as well as completing all other information on the form.

Claim Number _____

Branch Code: _____ **Customer Code:** _____

Name of Insured: _____

Contact Person _____

Home Phone No. _____ Work Phone No. _____ Mobile No. _____

Email _____

Occupation _____

Postal Address _____

_____ Postcode _____

Broker/Agent Name _____ Phone No. _____

Policy No. _____ Excess \$ _____

Inception Date _____ Expiry Date _____

Interested Parties

Is the property being claimed for under a Financial Agreement? Yes No

Name of Financier _____ Contract No. _____

G.S.T

Are you registered for GST purposes? _____ A.B.N. _____

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy? _____ %

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. _____

Vin/Engine No. _____ Chassis No. _____

Has the vehicle been modified in any way? Yes No

Detail modifications _____

_____ Value \$ _____

Details of additional accessories _____

_____ Value \$ _____

Who is the Registered owner of vehicle? _____

Driver Details (include details of last Driver if vehicle was stolen)

Driver's Name _____ Date of Birth _____ Phone No. _____

Driver's Address _____

Postcode _____

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 Quantity _____

Was the Driver tested by the Police for alcohol or drugs? Yes No 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/Time of occurrence _____

Location _____

Postcode _____

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 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 on next line)

TP1 Reg. No. _____ TP2 Reg. No. _____ TP3 Reg. No. _____

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 Dust 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

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 State which _____

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

If not turned on, state reason _____

Has the Vehicle been recovered?

If Yes, by whom? _____

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.

Interior Engine Undercarriage All Over

Describe the damage:

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? (If yes, please complete the following) Yes No

Name _____ Telephone No. _____

Address _____
_____ Postcode _____

Where was the Witness? _____

Second Witness

Name _____ Telephone No. _____

Address _____
_____ Postcode _____

Where was the Witness? _____

Third Party Details: (Please complete the following if any other Vehicles were involved or other property damaged)

Vehicle Year _____ Make _____ Model _____

Body Type _____ Registration No. _____ Colour _____

Owner's Name _____

Address: _____ Postcode _____

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

Give details _____

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

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

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

Give details _____

If yes to any History questions, please give details

Privacy: The Privacy Act 1988 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, 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. Please contact us on 1300 366 085 EST 9am-5pm, Monday-Friday and advise us of the changes.

IDR Statement: Disputes are not an everyday occurrence at Allianz. However we do 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, we will advise you how to contact the insurance industry's 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 Allianz will be unable to process my/our claim.

Signature of Insured _____ Date _____

Signature of Driver _____ Date _____



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GST Information Declaration Form

Claim Number _____

1. Are you registered for GST Purposes? Yes No (go to 6. below)
2. If Yes, what is your ABN?
3. Have you claimed an Input Tax Credit (ITC) on your insurance premium?
4. If Yes, what is the ITC claimed (as a percentage of GST payable)? _____ %
5. What ITC are you entitled to claim on the terms below (if there is insufficient space to cover all items, please attach a separate sheet with details)

Item	ITC%	Item	ITC%

6. I declare the above information is true.

Name (please print): _____

Signature: _____

Date: _____