

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

ABR No.	Client No.	Claim No.
Class	Sub Class	
Claim Code	Fault Code	Claim Category

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? If "Yes", provide details as follows: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Loss	Type of Claim (theft, collision, etc.)	Amount of Loss	Insurance Company

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.

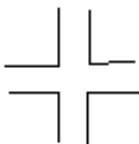
SKETCH PLAN OF ACCIDENT

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

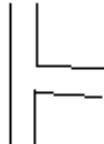
Indicate centre of roadway, direction and location of vehicles, and location and nature of traffic control signs.

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

1.)



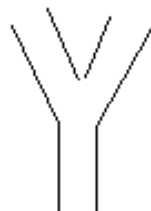
2.)



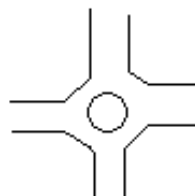
3.)



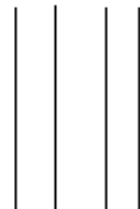
4.)



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.