

# Motor Vehicle Claim Form



Account Manager: \_\_\_\_\_ Date: \_\_\_\_\_

## PART A- INSURED DETAILS

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Business: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

Registration No: \_\_\_\_\_ Year/Make/Model: \_\_\_\_\_

License No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

COMPANY DETAILS (For Company or Commercial Claims Only)

Company Name: \_\_\_\_\_ ABN#: \_\_\_\_\_

Are you registered for GST purposes?  Yes  No What extent are you entitled to claim an ITC? \_\_\_\_\_%

## PART B - INCIDENT DETAILS

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ AM [ ] PM [ ]

Location of Accident: \_\_\_\_\_

Weather:  Fine  Dry  Wet  Rain  Stormy  Dark  Light  Drivable:  Yes  No

Was the incident reported to the police?  Yes  No If yes, Report No: \_\_\_\_\_

Officer's Name: \_\_\_\_\_ Station Name: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Incident Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Damage Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insurance: \_\_\_\_\_ Policy No: \_\_\_\_\_

Towing Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Repairer: \_\_\_\_\_ Telephone: \_\_\_\_\_

## PART C - THIRD PARTY DETAILS

THIRD PARTY 1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Registration No: \_\_\_\_\_ Make/Model: \_\_\_\_\_

License No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy No: \_\_\_\_\_

Damage Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THIRD PARTY 2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Registration No: \_\_\_\_\_ Make/Model: \_\_\_\_\_

License No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy No: \_\_\_\_\_

Damage Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WITNESS DETAILS:

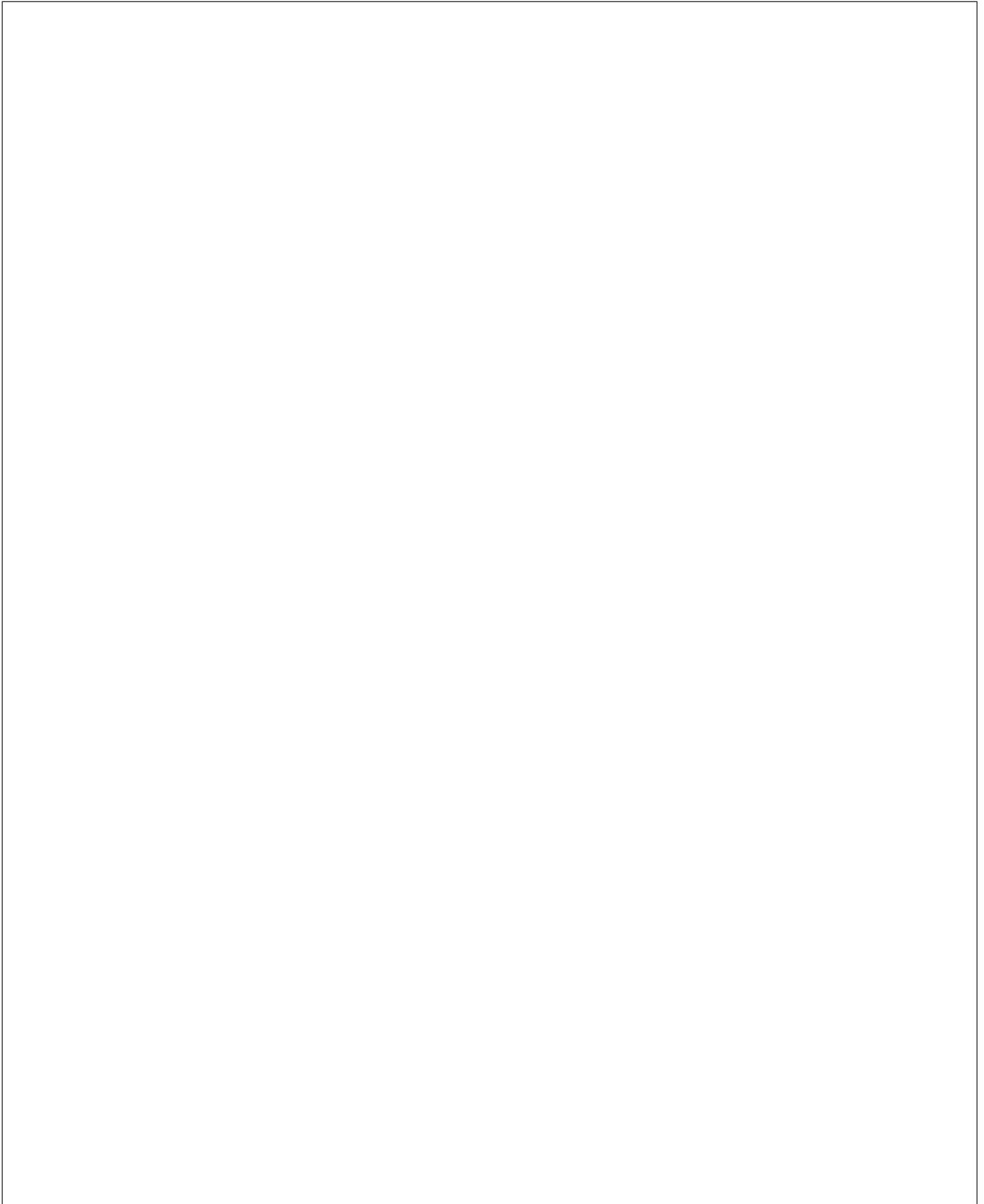
Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

## PART D- DIAGRAM OF ACCIDENT

(Please complete a diagram of the accident)

A large, empty rectangular box with a thin black border, intended for the user to draw a diagram of an accident. The box occupies most of the page below the instruction.