

MOTOR VEHICLE CLAIM FORM

In the Event of a Claim:

- Take precautions to ensure that no further damage or loss occurs to the motor vehicle.
- Where possible have motor vehicle moved to a secure location if not drivable.
- Obtain one repair quotation.
- This Claim Form should be completed and returned to your Broker as soon as possible with any relevant photos and attachments.
- Contact your Broker if you are unsure about any matters relation to the completion of this Claim Form.

Privacy:

Privacy legislation regulates the way private sector organizations can collect, use, keep secure and disclose personal information. Austagencies Pty Ltd has developed a Privacy Policy, which explains what sort of personal information we hold about You and what we do with that information. To obtain a copy of Austagencies Pty Ltd Privacy Policy, please contact Your Financial Services Provider or visit our website at www.austagencies.com.au

Agent of the Insurers:

In accordance with the requirements of the Corporations Act 2001 Austagencies Pty Ltd in arranging or effecting this insurance, or dealing with or settling claims will be acting under an authority given to it by certain Insurers. Accordingly Austagencies Pty Ltd will be acting as an agent of the insurers and not an agent of the insured.

Policy Details

Insured: _____

ABN: _____

To what extent can you claim an Input Tax Credit on your motor vehicle insurance premium? _____ %

To what extent can you claim an Input Tax Credit on the vehicle which is the subject of this claim? _____ %

Address: _____

City: _____ State: _____ Postcode: _____

Contact Name: _____

Tel: _____ Mob: _____

Fax: _____ Email: _____

Insured Vehicle Details

Make of Vehicle: _____ Model: _____ Year: _____

Registration No: _____ Vin/Engine No: _____ Colour: _____

For what purpose was vehicle being used at time of accident?

School Bus: Local Charter: General Charter/Intra State Tours:

Interstate Tours: Airport, Hotel, Motel Transfers: Scheduled Intercapital Express:

Route Service: Self/Drive Hire: Hotel/Club Shuttle Bus:

Intra State Express (i.e. Countrylink, Vline Services) Private:

Other, please specify: _____

Registered Owner: _____

Address: _____

Do you owe money on your vehicle? (Only answer if Insured vehicle a potential write off/total loss/stolen)

No: Yes Give details.

Name of Lender: _____

Address: _____

Account Number: _____

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

Name of Driver: _____

Address: _____ Postcode: _____

Contact Numbers: Private () _____ Mobile: _____

Relationship to Insured (i.e. insured, employee, hirer, relative, lease driver, etc) _____

Licence Number: _____ Expiry Date: _____ Date of Birth: _____

How long has the driver been licensed for this type of vehicle? _____ Years

Was the vehicle being used with the insured's knowledge and consent? No: Yes

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

Did the driver drink any alcohol or take any drugs in the 12 hours prior to the accident? No: Yes

If Yes, give details _____

Did the driver undergo a breath test, breath analysis or blood test? No: Yes Give details _____

What was the reading? _____ (Please attach copy of the Certificate)

Accident or Theft Details

Date of Accident or Theft: / / Day of week: _____ Time: _____ 24hr

Where did the Accident happen? _____

Weather conditions: Sunshine Rain Other Please advise _____

Road surface: Dry Wet Sealed Unsealed Flat Uphill Downhill

Road type: Straight Curved Left Turn Right Turn

At the time of the accident the insured vehicle was: Parked Stationary Moving
Speed _____ Kph

At the time of the accident the other vehicle/s were: Parked Stationary Moving

Traffic Controls: None Stop Sign Roundabout Give Way Sign



If Traffic Lights - were they Green/Amber/Red against you? _____ Other Party? _____

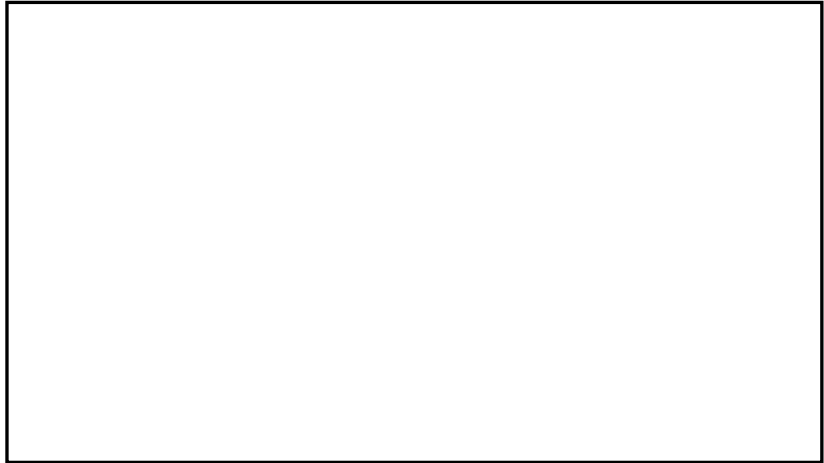
What lights, if any, were being used by you? _____ Other Party? _____

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

Who was at fault? Surname: _____ Given Name (s): _____

Sketch Diagram of Accident

- 1. Name Streets
- 2. Direction of travel indicated by arrow
- 3. Your Vehicle 
- 4. Other Vehicle 
- 5. Show: North, South, East and West,
Traffic signs, i.e. Stop, Give Way, Street Names



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

Damage to your Vehicle

Are you claiming for the damage to your vehicle? Yes: No:

Was the vehicle towed? No: Yes: Give details

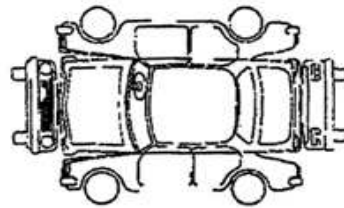
Name of Tow Company: _____

Where was it towed? _____ Distance towed _____ Kms

Where is vehicle now? _____

Estimated cost of repairs: \$ _____

Show on the Diagram where the damaged occurred



Owner of Other Vehicle

Name: Surname: _____ Given Name (s): _____

Address: _____

Postcode: _____

Contact Numbers: Business: () _____ Private: () _____

Insurance Co. _____ Policy Number: _____

Driver of Other Vehicle

Name: Surname: _____ Given Name (s): _____

Address: _____

Postcode: _____

Contact Numbers: Business: () _____ Private: () _____

Date of Birth: _____ Driver's Licence Number: _____

Was the owner in the vehicle at the time of accident: Yes: No:

IF THERE IS MORE THAN ONE VEHICLE INVOLVED PLEASE ATTACH DETAILS

Other Vehicle

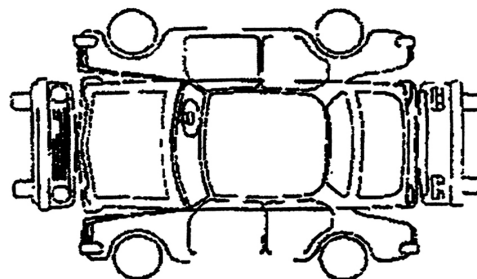
Make of Vehicle: _____ Model: _____ Year: _____

Registration No: _____ Colour: _____

Sketch Diagram

Shade in damage to Other Vehicle.

Indicate point of Impact (X)



Other Parties

Give details of pedestrians, owners of property or owners of animals involved.

Name: Surname: _____ Given Name (s): _____

Address: _____

Postcode: _____

Contact Numbers: Business: () _____ Private: () _____

Police

Did Police attend the incident scene: No: Yes: or;

Did you report the incident to the Police No: Yes:

Name: _____ Rank: _____

Station: _____

Date of Report: / / (Please attach a copy of the Police Report)

Name of person to be charged or cautioned: _____

Nature of charge or caution: _____

Witness(es) Details

Name: Surname: _____ Given Name (s): _____

Address: _____

Postcode: _____

Contact Numbers: Business: () _____ Private: () _____

Mobile: _____

Was this witness in the insured vehicle? Yes: No:

Name: Surname: _____ Given Name (s): _____

Address: _____

Postcode: _____

Contact Numbers: () _____

Was this witness in the insured vehicle? Yes: No:

Declaration and Authorisation

The information and answers given above are true and complete in every detail.

I understand the claim may be refused or reduced if information is withheld.

I authorise that Australian Bus & Coach Underwriting give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of Insured: _____ Date: _____

Signature of Driver: _____ Date: _____