

Motor Vehicle Claim Form



It is essential that this form be returned directly to Ansvar Insurance, with all questions answered, at the earliest opportunity. Please print your answers and where appropriate.

Office use only Claim number

1. Policyholder details

| | | | |
|----------------------|---|----------------------|----------------------|
| Name/Business name | Policy number | | |
| <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| Address | State | Postcode | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Telephone: Home | Telephone: Work | Telephone: Mobile | Fax number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email | Occupation | | |
| <input type="text"/> | <input type="text"/> | | |

2. Insured Vehicle

| | | | |
|-----------------------|----------------------|--|----------------------|
| Registration number | Year of manufacture | Make | Model |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Body type (eg. Sedan) | Odometer reading | Expiry date of registration | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | |

Has the vehicle been modified or fitted with accessories or optional extras other than those supplied at the maker's option?

Yes No *If yes, describe the modifications/accessories*

Was there any unrepaired damage to the vehicle before the incident? Yes No *If yes, please provide details*

When was the vehicle purchased? / / Amount Paid \$

Is the vehicle under finance? Yes No *Name of finance company*

Amount outstanding \$

For what purpose was the vehicle being used at the time of the collision? eg. private use only, carrying goods in connection with business etc?

Was any other insurance (other than Compulsory Third Party Insurance) in force on the vehicle at the time of the collision?

Yes No *If yes, state the name of the insurance company*

3. Person in charge of vehicle at time of loss

| | |
|----------------------|--|
| Name | Date of birth |
| <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Address | Telephone number |
| <input type="text"/> | <input type="text"/> |

| | | | | | |
|--|---|--|---|--|---|
| Victoria AD GPO Box 1655 Melbourne 3001 FX +61 3 9614 1545 | New South Wales AD PO Box 1410 Parramatta 2124 FX +61 2 9687 9564 | Queensland AD GPO Box 747 Brisbane 4001 FX +61 7 3221 6721 | South Australia AD PO Box 630 Fullarton 5063 FX +61 8 8338 1920 | Western Australia AD PO Box 840 West Perth 6872 FX +61 8 9324 2013 | Tasmania AD PO Box 330 Launceston 7250 FX +61 3 9614 1545 |
|--|---|--|---|--|---|

Details of property Description of property (eg. building, fence, etc.)

Owner's name

Address

State

Postcode

Was there any damage to the other vehicle or property as a result of the collision? Yes No *If yes, complete below*

Description of damage to other vehicle or property

If any communication is received by you, please forward it immediately to this office

7. Witnesses

Were there any witnesses to the collision? Yes No *If yes, state the witness particulars*

Name of witness No.1

Address

State

Postcode

Telephone: Home

Telephone: Work

Telephone: Mobile

Type of witness Passenger in your vehicle Passenger in other vehicle Independent eye witness

Name of witness No.2

Address

State

Postcode

Telephone: Home

Telephone: Work

Telephone: Mobile

Type of witness: Passenger in your vehicle Passenger in other vehicle Independent eye witness

8. Police Please attach the police report to this claim form

Were the police advised of the collision? Yes No *If yes, did the police attend the accident* Yes No

or the accident was reported to police station at

And in both cases state the Officer's name

and number

Police Report Number

Was either driver charged with an offence?

 Yes No

If yes, indicate if: your driver and the offence

If yes, indicate if: other driver driver and the offence

Was either driver asked to take a blood/breathalyser test? Yes No *If yes, attach copy of results of test of your driver*

9. Goods and services tax To ensure you do not incur any unnecessary GST liabilities on this claim complete these details

Are you registered for GST purposes? Yes No

What is your ABN?

If you have registered and have an ABN, have you claimed or will you be claiming an input tax credit on the GST applicable to this policy? Yes No

Is the amount claimed less than 100% of the GST applicable to the premium? Yes No

Specify the percentage amount claimed

10. Electronic Funds Transfer Settlement of your claim may involve a cash settlement. Please complete the following if you are interested in an EFT Payment

Account name

BSB number

Account number

11. I declare that all the information I have given is true and correct

Signature

Date

Ansvr Insurance is a member of the insurance industry's impartial Insurance Ombudsman Service. This independent service is provided to the insuring public at no cost and aims to resolve claims complaints quickly and informally. In the unlikely event of a complaint arising, you should firstly contact the local Ansvr Insurance Regional Manager. In most cases the problem will be resolved easily. If you are not satisfied with the response given by the Regional Manager you may contact our Internal Dispute Resolution Committee for advice and assistance in resolving your claim.

Privacy The information we collect assists us to make a decision on whether we will accept your claim. If you do not provide this information we may be unable to process your claim. We may use third party suppliers (agents, loss adjusters, assessors and mailing houses) to carry out specialised activities on your behalf. These organisations are aware of their obligations under Privacy provisions. At any time you may request access to your personal information and correct it if it is wrong. We value the personal information you give to us and we will take all reasonable precautions to prevent unauthorised access to this information.