

MOTOR VEHICLE INSURANCE CLAIM

The issue of this form does not constitute an admission of liability on the part of the insurer. Please complete ALL sections of this claim form. Unless specifically arranged beforehand, no repairs or alterations to the damaged vehicle should be made unless approved by your insurance company.

Policy Number

Insured

Insured's Name

Address

Postcode

Phone Number

Land Line

Occupation

Mobile

Are you the sole owner of the insured vehicle? Yes No

If NO, who is the owner?

What is their Australian Business Number (ABN)?

Are they registered for GST? Yes No

To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium? %

Insured Vehicle

Make & Model Year

Rego Number Rego Expiry Date Colour

Driver

For parked or unattended vehicles, Driver = Vehicle custodian at the time of loss.

Surname Given Name (s)

Address Postcode

Phone No. Date of Birth Female Male

Driver Licence Expiry Date Years held

Registered Owner of Vehicle

Are you an employee? Yes No If not, state relationship

Have you had any traffic convictions or been involved in any motor vehicle accidents in the past five (5) years? Yes No

If Yes, please give details

Have you been convicted of any criminal offences in the last 10 years? Yes No

If Yes, please provide details

Did you consume any alcohol or take any drugs during the 12 hours prior to the accident? Yes No

If Yes, state how much and when

Did you undergo a breath test or blood test for alcohol or drugs?

Yes No

If Yes, what was the result?

[Empty text box for result]

Did you refuse to undergo any of the above tests?

Yes No

Damage to Insured Vehicle

Was your vehicle damaged? Yes No

Was your vehicle towed away? Yes No

Have you obtained a repair quote? Yes No

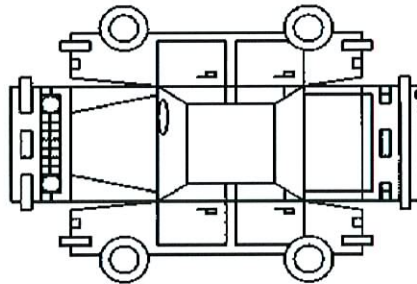
Amount \$
(Attach Quote)

If not driveable, where can the vehicle be inspected?

Full Address

Phone No

Show the damaged areas to your vehicle on the following diagram



Accident Details

Date Time am/pm Vehicle Use: Business Private

What was the accident location?

Street Suburb P/code

How did the accident happen?

Please draw a plan of the accident. Show the nearest cross street; street names; centre of the roadway; direction and location of vehicles; location of traffic control signals and other useful information.

Indication your own vehicle as



Indicate any other vehicles as



Who do you consider was at fault?

Myself

Other driver

Other

Estimated speed of Your vehicle just before the accident

KPH

Estimated speed of Other vehicle just before the accident

KPH

What was the condition of the road?

Sealed

Unsealed

Smooth

Rough

Wet

Dry

How was visibility?

Good

Moderate

Poor

Were there any witnesses to the accident?

Yes

No

If Yes, please provide names & addresses



ARMBRO

INSURANCE BROKERS PTY LTD ABN 80 006 499 181

Did Police attend the accident?

Yes

No

If Yes, Police station

Name/Number of officer

If No, state time and date reported to Police

Did Police indicate who was responsible?

Yes

No

If Yes, Name of driver?

Did Police charge either driver or suggest action may be taken?

Yes

No

Charge

Damage to other vehicle or property

	Vehicle or Property No 1	Vehicle or Property No 2
Name of other driver		
Age		
Phone No.		
Licence No.		
Vehicle Make & Model		
Rego No.		
Name of registered owner		
Address		
Phone No.		
The other insurance Company		
Police Number		
Description of Damage		



Declaration (must be completed)

1. I/We the insured to solemnly and sincerely declare that I /We have complied with the conditions and warranties (if any) of the policy and have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or wilful misrepresentation and that the information shown on the form is true and that I/We have not concealed any information relating to this claim.
2. Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect of such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.
3. I consent to the broker and insurer using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, the broker and insurer may not be able to process my claim.
4. *I consent to the broker and insurer disclosing my personal information to other insurers, an insurance reference service, or as required by law. I consent to the broker and insurer also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Driver's Signature: _____

Date: _____

Insured's Signature: _____

Date: _____

*This consent only applies when a claim is submitted in relation to a policy insured to the individual, not a company or business.

