

## MOTOR CLAIM FORM

### 1. Policy & Insured Details

Name of Insured

Policy Number

Contact Number

Excess Applicable (claims officer to advise)

Postal Address

Are you registered for GST? No  Yes  ABN

Are you entitled to claim GST for the repairs?

If yes, please specify the percentage claimable (GST%)

### 2. Drivers Details (Your details)

Drivers First and Last Name

Date of Birth

Drivers Licence Number

Licence Expiry

Class of Licence

Year's Licenced

Contact Number

Address

### 3. Incident Details

Date of Incident

Time of Incident

AM

PM

Vehicle Year, Make & Model

Vehicle Registration

Where did the incident occur?

## 3. Incident Details (continued)

Please describe damages to your vehicle

Incident Circumstances - state clearly and fully how the incident occurred

Was the incident reported the Police?

Yes

No

If yes, please provide the Police Report Number

Was the vehicle towed?

Yes

No

If yes, please advise who towed the vehicle and where was it taken?

Do you have a preferred repairer? If yes, please advise

Were there any independent witnesses to the accident?

Yes

No

Witness Name (if applicable)

Witness Contact Number (if applicable)

## 4. Disclosure Questions

Did the driver consume any drugs or alcohol in the 12 hours prior to the incident?

Yes  No

In the past 3 years, has the policy holder or the driver in this incident;  
Had a licence cancelled, disqualified or suspended?

Yes  No

Been convicted or had any fines or penalties imposed for any alcohol related driving offences or  
crime involving drugs, dishonesty, arson, theft, fraud or violence against any person or property?

Yes  No

In the past 5 years has the policy holder or the driver in this incident;  
Had an insurance policy declined, cancelled or conditions imposed on an insurance policy?

Yes  No

## 5. Details of the other vehicle or property (Third Party)

Third Party Name

Contact Number

Third Party Residential Address

Damages to Third Party Property

Vehicle Year, Make & Model

Vehicle Registration

Third Party Insurance Company

Policy and/or claim number