

Contractors Insurance

Motor Vehicle Claim Form



TRANSPORT
INSURANCE
BROKERS



The supply or acceptance of this form is not an admission of liability on the part of Allianz

Name of Insured _____
Contact Person _____
Home Phone No. () _____ Work Phone No. () _____
Mobile No. _____
Email _____
Occupation _____
Postal Address _____
Postcode _____

Interested Parties

Is the property being claimed for under a Financial Agreement? Yes No
Name of Financier _____
Contract No. _____
Type of Agreement _____
Commencement Date ____/____/____

GST

Are you registered for GST? Yes No
ABN Number _____
To what extent are you entitled to claim an Input Tax Credit on the GST for this policy? _____ %
To what extent are you entitled to claim an Input Tax Credit on the GST for this vehicle? _____ %

Vehicle Details

Year _____
Make _____
Model _____
Body Type _____
Registration No. _____
VIN/Engine No. _____
Chassis No. _____
Has the Vehicle been modified in any way? Yes No
If Yes, please give modification details: _____
Modification Value \$ _____
Additional accessories details: _____
Accessories Value \$ _____
Who is the Registered Owner of the Vehicle? _____

Driver Details (if you are reporting a stolen vehicle, include details of last driver)

Was the last driver you or another driver? Insured Another driver

If another driver, please provide details

Driver's Name _____

Date of Birth _____ / _____ / _____

Address _____

Postcode _____

Home Phone No. () _____ Work Phone No. () _____

Mobile No. _____

Licence No. _____ Class _____

Expiry Date _____ / _____ / _____ Years held licence _____

Was the Vehicle being used with the Insured's consent? Yes No

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

Driver's relationship to Insured? _____

How often does this driver use the Vehicle in a year? _____

To be completed by you/other Driver _____

Did the Driver consume any alcohol or drugs during the 12 hours before the Accident? Yes No

Quantity _____

Was the Driver tested by the Police for alcohol or drugs? Yes No

Result _____

Does the Driver hold motor insurance on any other vehicle? Yes No

If Yes, provide details of Insurer and Policy _____

Accident or Theft Details

Date of Incident _____ / _____ / _____ Time of Incident _____ PM/AM




Location _____

Was there any damage sustained to your Vehicle? Yes No

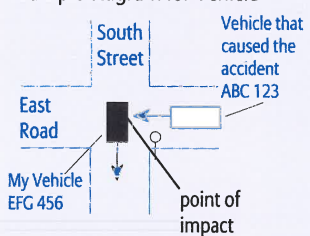
Accident

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

Symbols to use

 traffic sign	 witness
 traffic lights	 pedestrian
 your vehicle (black)	
 third party Vehicles TP1, TP2, TP3	

Example diagram for Vehicle



Check List please show

- Street names
- Distances
- Lanes/Lines markings
- Traffic signals/signs

TP1 Registration _____

TP2 Registration _____

TP3 Registration _____

Road conditions: Wet Dry Sealed Unsealed
 Day Dusk Night Dawn

Describe what the Vehicle was being used for at the time _____

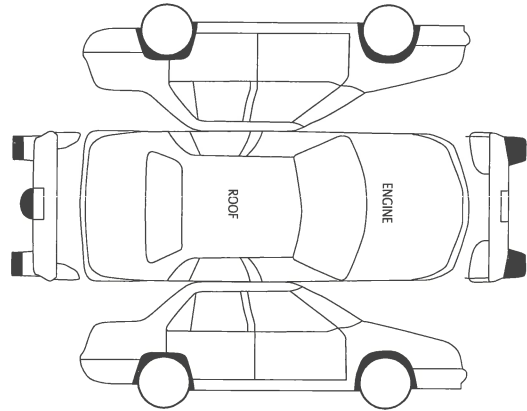
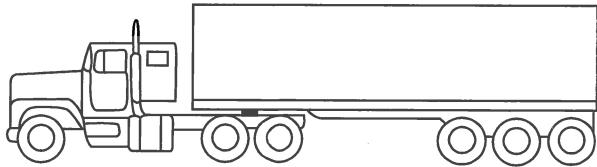
Who do you believe is at fault and why? _____

Was there any admission of responsibility for the accident by the Insured or any other person? Yes No

If Yes, please give details _____

Damage

Please show damages on your Vehicle using the most appropriate diagram to assist.



Is vehicle driveable? Yes No

Was your vehicle towed? Yes No

Who towed your Vehicle? _____

Where can your Vehicle be inspected? _____

Please attach any quotations for repair that have been obtained.

Theft

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

Where was your Vehicle stolen from? _____

Was your Vehicle locked? Yes No

Were there duplicate keys? Yes No

Where were the keys at the time? _____

Who has each set of keys? _____

Was your Vehicle alarmed? Yes No

Was your Vehicle fitted with an immobiliser? Yes No

If Yes, was alarm or immobiliser turned on? Yes No

If not turned on, why not? _____

Has your Vehicle been recovered? Yes No

If Yes, by whom? _____

Where recovered? (If recovered, please complete Damage Section of Claim Form above) _____

Please include details of Last Person in Charge of Vehicle or Last Driver, in Driver's Section of Claim Form.

Police

Were the Police notified? Yes No

If no, Reason? _____

If Yes, Name of Officer _____

Police Station _____

Police Report No. _____

Date / /

Did the Police attend the scene? Yes No

Were any charges laid or indications made of further action? Yes No

If Yes, please give details (who and what) _____

Witnesses

Were there any witnesses to the event? Yes No

If yes, please complete the following:

Name of witness _____

Address _____

Postcode _____

Home Phone No. () _____ Mobile No. _____

Where was the Witness? _____

Second Witness

Name of witness _____

Address _____

Postcode _____

Home Phone No. () _____ Mobile No. _____

Where was the Witness? _____

Third Party Details Please complete if any other vehicles were involved or other property damaged

Year _____

Make _____

Model _____

Body Type _____

Registration No. _____

Colour _____

Owner's Name _____

Address _____

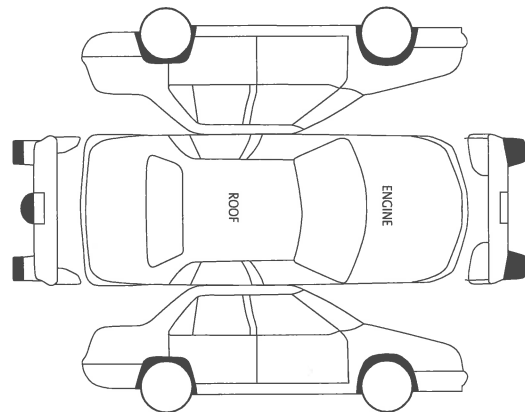
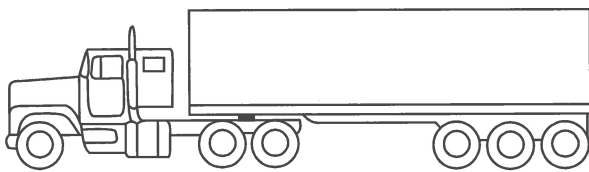
Postcode _____

Home Phone No. () _____ Work Phone No. () _____

Mobile No. _____

Damage

Please show damages on the Vehicle using the most appropriate diagram to assist.



Is vehicle driveable? Yes No

Was vehicle towed? Yes No

Name of other Party's Insurance Company _____

Policy No. _____

If you have received any demands or notices from anybody please submit with this Claims Form.

History

Have you or the Driver had any insurance or renewal of insurance declined or cancelled or special conditions imposed in the last 5 years?

Yes

No

Have you or the Driver had an accident or made a claim on a motor Vehicle insurance policy in the last 5 years?

Yes

No

Have you or the Driver been convicted of or had any fines or penalties imposed for any driving offence (such as speeding, disobey traffic lights etc) in the last 5 years?

Yes

No

Have you or the Driver been convicted of or had any fines or penalties imposed for any criminal offence?

Yes

No

If Yes to any History Questions, please give details _____

Privacy

The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we may have to disclose your personal information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents or other parties as required by law.

If you do not provide your personal information we may not be able to settle your claim. Where you provide us with personal information about another person you must tell them about the above matters and also tell us if you haven't got their content to providing the information.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 360 529 EST 9am-5pm, Monday-Friday and advise us of the changes.

IDR Statement

We have a free internal complaints resolution process that can be accessed by contacting us on 1300 360 529 EST 9am-5pm, Monday -Friday. If this process doesn't resolve the complaint we will give you information about how to access available external dispute resolution schemes.

Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if it is made fraudulently and if you failed to comply with your duty of disclosure the insurer may treat the policy as if it never existed and not pay your claim. I/We acknowledge that I/We have read and understood the Privacy Act 1988 information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information then Allianz may be unable to process my/our claim.

Signed by Insured _____

Date ____ / ____ / ____

Signed by Driver _____

Date ____ / ____ / ____

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