



Please complete in full all sections of this claims form and return it to Insuret as soon as possible after the accident. Unless specifically arranged beforehand, no repairs or alterations to the damaged vehicle should be made until approved by Insuret.

Your Privacy

- We need personal information about you to access your claim. We will, where relevant, disclose your personal information (other than sensitive information such as health information) to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters and investigators), other insurers, insurance reference bureaus and our business partners for this purpose;
- Where relevant, to assess your claim we will also disclose personal information, including sensitive information about you such as health information, to medical practitioners, other health professionals, other insurers and reinsurers, legal representatives, and other consultants. By signing this claim form, you consent to those organisations and other professionals collecting, and us disclosing sensitive information about you for this purpose;
- If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not accept the claim;
- We may also disclose personal information about you where we are required or permitted to do so by law;
- In most cases, on request, we will give you access to personal information we hold about you;

The Insured

Business Name _____ Policy Number _____

Postal Address _____ Post Code _____

Are you registered for GST Yes No ABN _____

Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged Yes No

Will you be claiming an amount less than 100% Yes No Specify percentage to be claimed _____

Business Number _____ Fax Number _____

Mobile Number _____ After Hours Number _____

Email _____

The Insured Vehicle

Make _____ Year _____ Reg Number _____

Model _____ Colour _____ Odometer Reading _____

Engine No. _____ Chassis or VIN Number _____

Registered Owner _____

Address where vehicle is usually parked _____ Post Code _____

Is the vehicle under a finance agreement? Yes No

Type of finance agreement? Lease Hire Purchase Other (please specify) _____

Name of Lender _____ Account Number _____

Address of Lender _____

Driver Details (only applicable if the insured vehicle was being driven at the time of the accident)

Full Name _____

Postal Address _____ Post Code _____

Business Number _____ Fax Number _____

Mobile Number _____ After Hours Number _____

Email _____

Is the driver an Employee Yes No If not, state relationship _____

Licence Number _____ Expiry Date _____ Date of Birth _____

Class of Licence _____ No of years this licence has been held _____

Has the driver had any driving offences, traffic infringements, licence cancellations or suspensions or criminal convictions in the last five (5) years? Yes No

If Yes, please give details _____

Has the driver had any motor claims or accidents in the last five (5) years? Yes No

If Yes, please give details _____

How many hours has the driver spent driving in the 48 hours immediately preceding the accident? _____


Details of Loss

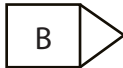
Date _____ Time _____ Vehicle Use: Business Private

Location Address _____

Please provide a complete and clear description of the accident _____

Please draw a plan of the accident. Show the nearest cross street; centre of the roadway; direction and location of vehicles. It is important to detail all road signs and marking and width of road.

Indicate your own vehicle as 

Indicate any other vehicles as 

Who do you consider was at fault? Driver named above Other Driver Other _____

Why _____

State of road/road surface Smooth Rough Wet Uphill Downhill Flat

How was visibility Good Moderate Poor

Were there any witnesses to the accident? Yes No

If Yes, please provide names, addresses and contact numbers _____

Did Police attend the accident? Yes No

Police Report number _____ Police Station _____

Name or number of Police Officer(s) _____

If No, state time and date reported to Police _____

Did police indicate who was responsible? Yes No

If Yes, name of driver _____

Did the driver drink any alcohol or take any drugs in the 24 hours prior to the accident? Yes No

Details _____

Did police submit the driver to any alcohol or drug test? Yes No

Details _____ What was the reading? _____

Did police charge any driver or suggest any action may be taken? Yes No

Details _____

Damage to your Vehicle

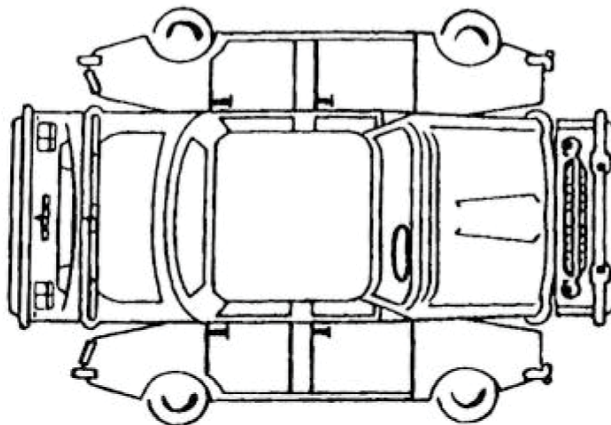
Was the vehicle damaged in the accident? Yes No

Was your vehicle towed away? Yes No If Yes, name of Towing company _____

Repairer name that vehicle has been towed to _____ Phone Number _____

Address where vehicle is located _____

Shade In Damage To Vehicle,
Indicate Point of Impact (X)



Owner of Other Vehicle(s)

Full Name _____
Postal Address _____ Post Code _____
Home Number _____ Business Number _____
Mobile Number _____ Fax Number _____
Email _____
Insurance Company _____ Policy/claim Number _____

Driver of Other Vehicle (if different to owner)

Full Name _____
Postal Address _____ Post Code _____
Business Number _____ Fax Number _____
Mobile Number _____ After Hours Number _____
Email _____
Date of Birth _____ Drivers Licence Number _____

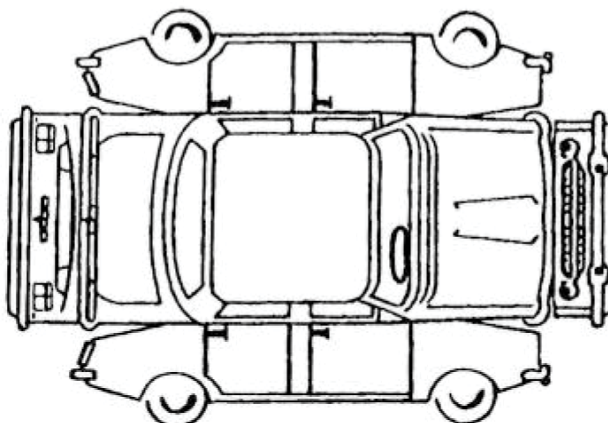
Was the owner in the vehicle at the time of the accident? Yes No

Other Vehicle

Reg Number _____ Year of Manufacture _____ Colour _____
Make of Vehicle _____ Model _____

Damage To Other Vehicle

Shade In Damage To Vehicle,
Indicate Point of Impact (X)



****Please copy this page and attach if more than 1 other vehicle/driver was involved**

Other Parties

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

Full Name _____ Contact Number _____
Postal Address _____ Post Code _____
Full Name _____ Contact Number _____
Postal Address _____ Post Code _____
Full Name _____ Contact Number _____
Postal Address _____ Post Code _____

Personal Injuries

Was anyone injured in the accident? Yes No

| Name | Type of Injury | Injured Party (Passenger/Driver) | Vehicle Registration No. |
|------|----------------|----------------------------------|--------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Declaration

The information and answers given above are true in every detail and no information has been withheld.

Drivers Signature _____ Date ____ / ____ / ____

Signature of Insured _____ Date ____ / ____ / ____

Please provide any further details which you believe are relevant to your claims and our decision to provide cover for your claim
