

Motor Claim Form

Insured Details

Policy Number: _____
Name of Insured: _____
Contact Person: _____
Home Ph: _____ Work Ph: _____ Mobile: _____
Email: _____
Address: _____
Postcode: _____

Are you registered for GST? Yes No If yes, what is your ABN? _____

Have you claimed or do you intend to claim an input tax credit on the GST component of the policy premium?

Yes No If yes, will you be claiming an amount less than 100%?

Yes No If yes, specify amount claimed: _____%

Are you entitled to claim any input tax credit for repairs to the damage?

Yes No If yes, will you be claiming an amount less than 100%?

Yes No If yes, specify amount claimed: _____%

Insured Vehicle Details

Year: _____ Make: _____ Model: _____
Registration Number: _____ VIN/Engine Number: _____
Is the vehicle financed: Yes No If yes, Finance Company: _____

Driver Details

Driver's Name: _____ Date of Birth: _____ Phone: _____

Driver's Address: _____

Postcode: _____

License Number: _____ Class: _____ Expiry: _____ Years held: _____

Was the vehicle being used with the insured's consent? Yes No

Driver's relationship to insured: _____

Did the driver consume any alcohol or drugs in the 12 hours before the accident? Yes No If yes, quantity: _____

Was the driver tested by the Police for alcohol or drugs? Yes No If yes, result: _____

Accident Details








Accident location: _____

Date and time: _____

Road surface: Dry Wet Loose Number of vehicles involved in accident: _____

What happened? _____

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

YOUR VEHICLE	OTHER VEHICLE	PEDESTRIAN, CYCLIST ETC.	ROAD	STOP SIGN	GIVE WAY SIGN	LIGHTS
						

Who do you believe is at fault and why: _____

Was there any admission of responsibility for the accident? Yes No If yes, please provide details below

Details: _____

Damage to Insured Vehicle

Are you claiming for the damage to your vehicle? Yes No

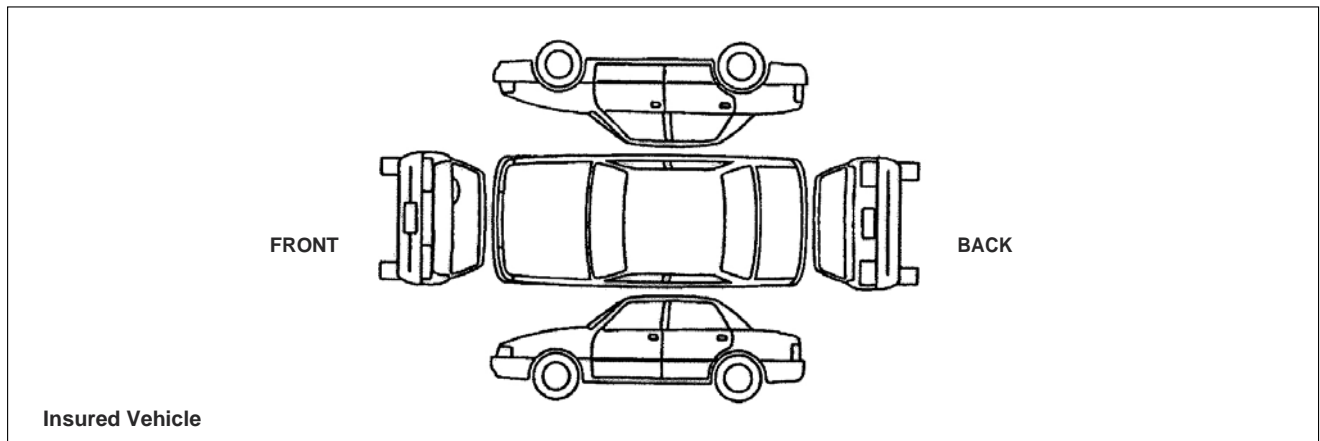
Was the vehicle towed? Yes No If yes, please give details below

Name of tow company: _____

Where was it towed? _____

Where is the vehicle now? _____

Please indicate the area of damage to your vehicle on the diagram below.



Third Party Details

Year: _____ Make: _____ Model: _____
 Body Type: _____ Registration Number: _____ Colour: _____
 Driver's Name: _____
 Address: _____
 _____ Postcode: _____
 Home Ph: _____ Work Ph: _____ Mobile: _____
 Damage to Vehicle: _____
 Insurance Company: _____ Policy Number: _____

Police

Where the Police notified of the accident?
 No State reason: _____
 Yes Name of Officer: _____ Police Station: _____
 Police Report Number: _____ Date: _____
 Did the Police attend the scene? Yes No
 Were there any charges laid or indications made of further action? Yes No If yes, please provide details below
 Details: _____

Witnesses

Were there any witnesses to the event? Yes No If yes, please provide details below
 First Witness Name: _____ Phone: _____
 Address: _____ Postcode: _____
 Where was the Witness?
 Second Witness Name: _____ Phone: _____
 Address: _____ Postcode: _____
 Where was the Witness?

Insured History

Have you or the driver had any insurance declined or cancelled or special conditions imposed in the last 5 years?
 Yes No If yes, please provide details: _____
 Have you or the driver been charged or convicted of any criminal offence?
 Yes No If yes, please provide details: _____
 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 If yes, please provide details: _____
 Have you or the driver been convicted of any driving offences (such as speeding) in the last 5 years?
 Yes No If yes, please provide details: _____

Privacy: We are committed to protecting your privacy in accordance with the Privacy Act 1998. Our Privacy Policy describes our current policies and practices in relation to the handling and use of personal information. A copy of our Privacy Policy can be obtained from any of our offices, or on our website at www.mclardymcshane.com.au

Declaration: I/we certify that the above information and answers are true and complete. I/we understand that the claim may be refused or reduced if information is withheld.

Signature of Insured: _____ Date: _____

Signature of Driver: _____ Date: _____