

Motor Vehicle Claim Form



Account Manager: _____ Date: _____

PART A- INSURED DETAILS

Given Name: _____ Surname: _____

Insurer: _____ Policy Number: _____ Expiry Date: _____

Address: _____ State: _____ Postcode: _____

Telephone: _____ Business: _____ Mobile: _____

Fax: _____ Email address: _____

Registration No: _____ Year/Make/Model: _____

License No: _____ Expiry Date: _____ Date of Birth: _____

COMPANY DETAILS (For Company or Commercial Claims Only)

Company Name: _____ ABN#: _____

Are you registered for GST purposes? Yes No What extent are you entitled to claim an ITC? _____%

PART B - INCIDENT DETAILS

Date of Incident: _____ Time of Incident: _____ AM [] PM []

Location of Accident: _____

Weather: Fine Dry Wet Rain Stormy Dark Light Drivable: Yes No

Was the incident reported to the police? Yes No If yes, Report No: _____

Officer's Name: _____ Station Name: _____ Date Reported: _____

Incident Description: _____

Damage Description: _____

Insurance: _____ Policy No: _____

Towing Company Name: _____ Telephone: _____

Repairer: _____ Telephone: _____

PART C - THIRD PARTY DETAILS

THIRD PARTY 1:

Name: _____

Address: _____

Phone: _____ Mobile: _____ Fax: _____

Registration No: _____ Make/Model: _____

License No: _____ Expiry Date: _____

Insurance: _____ Policy No: _____

Damage Description: _____

THIRD PARTY 2:

Name: _____

Address: _____

Phone: _____ Mobile: _____ Fax: _____

Registration No: _____ Make/Model: _____

License No: _____ Expiry Date: _____

Insurance: _____ Policy No: _____

Damage Description: _____

WITNESS DETAILS:

Name: _____

Address: _____

Phone: _____ Mobile: _____ Fax: _____

PART D- DIAGRAM OF ACCIDENT

(Please complete a diagram of the accident)

