

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 policy? 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)

