



Policy Number Date Your Claim Reference For your records you can provide a division or reference number

Insured name/s (Policyholder name)

Contact name

Contact Number E-mail

Address Suburb Post Code

State or Territory
 ACT NSW NT QLD SA TAS VIC WA

Are you registered for GST purposes? What is your ABN?
 No Yes

Have you claimed, or do you intend to claim an input tax credit on the GST applicable to this policy? Specify the percentage to be claimed
 No Yes

Insured Vehicle Details

Passenger Vehicle	Plant & Equipment	Goods Carrying Vehicle	Other
Sedan or Station Wagon	Earthmoving Plant	< 2 Tonnes	Caravan
Four Wheel Drive	Quarry/Mining Plant	2 – 5 Tonnes	Other (specify) <input type="text"/>
Van or Utility up to 2 tonnes	Agricultural/Light Plant	5 – 10 Tonnes	
Bus or Coach	Bobcats/Skidsteer Loaders	Over 10 Tonnes	
	Concrete Pumping Trucks & Drilling Rigs	Prime Mover & Trailer	

Trailer Only

Please provide the following details in relation to the damaged vehicle:

Year Make Model

Registration Number Vehicle ID Can include Vin, Chassis Serial or Engine Number

Is the insured the owner of the vehicle? If no, provide owners name
 No Yes

Is the vehicle financed? If yes provide the name of the financier
 No Yes

Purchase Price \$ Approximate amount owing \$

Was there any unrepaired damage to the vehicle before the accident?
 No Yes If yes, Describe the unrepaired damage

What were you using the vehicle for at the time of the accident or theft? (E.g. travelling to work, shopping, business use)



Driver Details

Drivers Full Name

Drivers Contact Number

Drivers Date of Birth

Relationship to the insured Insured – Owner/Driver
Employee
Contract/Casual Driver
Relative
Other

Was this person driving/operating with the insured's knowledge and consent? Yes No

Drivers Licence Number Licence Expiry Date State of Issue

Class of Licence C – Car HR – Heavy Rigid
R- Rider HC – Heavy Combo
LR – Light Rigid MC – Multi Combo
MR – Medium Rigid Other

How long has the driver been licenced to drive this class of vehicle in Australia?

Years of experience driving this class of vehicle?

Has the driver's licence ever been cancelled or suspended (in the last 5 years)?
No Yes

If yes please provide details

Did the driver drink any alcohol, or take any drugs, or medication in the 12 hours prior to the accident?
No Yes What did the driver drink, or what drugs or medication did the driver take?

Claim Type

Please select the best description of the type of claim you wish to make

A vehicle accident involving another vehicle(s) or other parties' property	Hail, flood, Storm, Bushfire or cyclone damage to a vehicle whilst not being driven
Vehicle fire – other than a bushfire or result of an accident	Windscreen or fixed glass breakage
	Malicious damage

Incident Details

Date of the incident Time of the incident Was this inbound or outbound from the vehicle's home base of operations?
 Inbound Outbound

Location of the incident

Suburb Post Code

State or Territory ACT NSW NT QLD SA TAS VIC WA



Select relevant Conditions

Weather

Road

Situation

Dry

Tarmac/Bitumen

Straight Road

Wet

Gravel/Dirt

T-Intersection

Raining

Sand/Beach

Driveway

Hailing

Other (Please specify)

Flood

Estimated speed of your vehicle (km/h)

Estimated speed of other vehicle (km/h) if involved

Type & weight of load being carried (if any)

Describe how the incident occurred

Did this incident result in damage to another person(s) vehicle(s) or property?

No

Yes

Damage to the Insured Vehicle

Describe the damage to the vehicle

Was the vehicle towed from the scene?

No

Yes

Is the vehicle driveable?

No

Yes

If yes, please provide details of the tow company

Has a repair quote been obtained?

No

Yes

Amount \$ (please provide quote)

Address where vehicle can be assessed?

Suburb

Post Code



Damage to other parties' vehicle(s) or property

Please provide details about the other vehicle(s), even if they were not damaged.

Drivers Full Name

Contact Number

E-mail

Address

Suburb

Post Code

Insurance Company

Licence Number

Make/Model

Registration Number

As a result of the accident, was there any other property damaged (e.g. fences, telephone poles)?

No

Yes

Provide details

Witness Details

Were there any witnesses to the accident?

No

Yes

If yes, complete the details below

Full Name

Contact Number

E-mail

Address

Type of witness

Independent

Passenger in insureds car

Passenger in other car

Police & Fire Attendance

Did the police or fire brigade attend the accident?

No

Yes police

Yes Fire Brigade

Officers Name

Station

Report Number

Was the accident reported to a police station?

No

Yes

Officers Name

Station

Report Number

Date

Police Action taken?

No

Yes

Unknown

If yes, provide details



History

Have you had any previous losses or made any claims for loss, theft or damage

on any insurer in the past 5 years? Yes No

If yes please provide details

Has any insurer refused or cancelled cover or required special terms to insure you? Yes No

If yes please provide details

Have you been charged with, or convicted of any criminal charges in the past 10 years? Yes No

Privacy

The Privacy Act 1988 sets out standards for the collection and management of personal information. We collect personal information in order to provide our services and products. Our Privacy Policy Statement is available on our website or click [here](#) to view

Declaration

By submitting this form, the signatory declares:

That the details in this form are correct and not misrepresented in any way.
The insurer may make their decision on indemnity based on these answers.

I understand the Privacy Act 1998 and consent to use and disclosure of personal information (tick to agree)

This electronic signature will be treated the same as if signed personally (tick to sign)

Completed by

Date