



## MOTOR VEHICLE CLAIM REPORT – ACCIDENT

### POLICY HOLDERS DETAILS

1. Policy Number (From your schedule) Expiry Date
  
2. Insured (Surname, Company, Partnership, Occupation)
 

Given Name(s) of the Insured	Contact Person (for the company or partnership)
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3. Are you registered for GST Purposes?
 

No	Yes	What is your ABN?
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Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy?

No	Yes	Percentage Claimable
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4. Address
  
5. Contact Number

### INSURED VEHICLE DETAILS

6. Description of the vehicle involved in the accident?
 

Registration	Make, model & body type	Year of Manufacture
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7. Is the vehicle under warranty? Yes No
  
8. Do you owe money on the vehicle?
 

No	Yes	Lenders Name	Amount Owing
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9. Has the vehicle been modified or converted from the manufacturer's specification or fitted with accessories other than those supplied by the manufacturer?
 

No	Yes	Describe the modifications/accessories
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10. Was there any unrepaired damage to the insured vehicle before the accident?
 

No	Yes	Describe the unrepaired damage
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11. What were you using the vehicle for at the time of the accident?

## DRIVER DETAILS

12. Who was driving the vehicle when the accident happened?

Drivers Full Name

Address

Contact Number

13. Driver's Licence Details

Licence Number

			Licence Class
Learners	'P' Plate	Full	
Years Licenced		Date of Birth	Licence Expiry Date

14. Did the driver consume alcohol or take any drugs in the 12 hours prior to the accident?

No	Yes	what did the driver drink or what drugs did the driver take?	
		When?	How Much?

15. Has the driver been charged with or convicted of, a motoring offence or been disqualified from driving in the past five years?

No	Yes	State the reasons
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16. Has the driver been charged with or convicted of, any criminal offences in the past 10 years?

No	Yes	State the reasons
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17. Has the driver had any insurance refused or cancelled or any special conditions imposed by an insurer?

No	Yes	State the reasons
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## ACCIDENT DETAILS

18. When did the accident happen?

Date                                  Time                          A.M    P.M

19. Where did the accident happen?

20. How did the accident happen?

Describe in detail the circumstances leading up to the accident and how the accident happened. It is important to be as accurate as you can. Please tell us all the facts, even if they are not in your favour. Tell us which driver you feel is at fault and why.

21. Was a trailer being towed at the time of the accident?

No                                  Yes

22. What were the road and weather conditions at the time of the accident?

Fine                                  Overcast                          Raining                          Storm                          Hail                          Other

a) Sealed Roadway                          Wet                          Dry

b) Unsealed Roadway                          Wet                          Dry

23. Please describe the damages to your vehicle

24. If we wish to inspect the vehicle, whom do we contact and where will the vehicle be?

Name    Telephone Number

Address where the vehicle is being kept

## THIRD PARTY DETAILS

25. Full Name    Telephone Number

Address

**26. Third Party Vehicle Details**

**Make, Model & Body Type**

**Registration Number**

**Year of Manufacture**

**Third Party Insurer**

**Policy Number**

**Claim Number**

**27. Please describe the damages to the third party vehicle**

**28. Were there any witnesses to the accident?**

**No            Yes**

**Witness Details**

**Full Name**

**Telephone Number**

**Address**

**29. Did the fire brigade attend the accident?**

**No            Yes**

**Officers Name**

**Name of Station**

**30. Was the accident reported to the police?**

**No            Yes**

**Officers Name**

**Name of Station**

**Report Number**

## DECLARATION

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

Signature of the insured or person with authority to  
Sign for and on behalf of a company or partnership      Date

Signature of the driver (if not the insured)      Date