

SECTION 1: Policyholder Details

Business Name

Insured's ABN

ITC Entitlement/100%

Contact Name/s

Contact Number

Email

Address

Suburb

Postcode

State or Territory

NSW

ACT

QLD

VIC

SA

WA

TAS

NT

SECTION 2: Insured Vehicle Details

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

Year

Make

Model

Registration Number

Insert Vehicle Registration Number or write Unregistered

SECTION 3: Driver Details

Drivers Full Name

Drivers Address

Suburb

Postcode

State or Territory

NSW

ACT

QLD

VIC

SA

WA

TAS

NT

Drivers Contact Number

Drivers Date Of Birth

(dd/mm/yyyy)

Drivers License Number

License Expiry Date

(dd/mm/yyyy)

Class of License held:

C - Car

R - Rider

LR - Light Rigid

MR - Medium Rigid

HR - Heavy Rigid

HC - Heavy Combo

MC - Multi Combo

Other

Relationship of the Driver to the Insured:

Insured - Owner/Driver

Employee

Contract/Casual Driver

Relative

Other

How long has the driver been licensed to drive this vehicle in Australia?

Years

Months

SECTION 4: Incident Details

Please provide the following details of the incident surrounding this claim:

Date Incident Occurred <small>(dd/mm/yyyy)</small>	Time incident Occurred <small>Between (am/pm) - And (am/pm)</small>	Is there any CCTV/Dashcam footage of this incident?
		Yes No

Location where the incident occurred:

Street Address

Suburb

Postcode

State or Territory NSW ACT QLD VIC SA WA TAS NT

Select the relevant conditions at the time of the incident:

Weather Conditions:

Road Conditions:

Situation:

Dry

Tarmac / Bitumen

Straight Road

Bend

Wet

Gravel / Dirt

Highway

Intersection

Raining

Sand / Beach

T-Intersection

Round About

Hailing

Driveway

Bridge

Flooding

Tunnel

Private Property

Car Park

Other (Specify in description below)

Estimated speed of your vehicle (km/h)

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

Describe how the incident occurred

Please provide a Diagram of the Incident:

A

Indicate your own vehicle as A

B

Indicate any other vehicles as B

Include street names, traffic lights, give way signs etc.)

This field can be completed using the Comments Tool located on the right hand side in Adobe Acrobat
If you do not have access to this tool, disregard this section and complete the rest of the form.



Who do you consider is at fault and why?

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

Yes No

If 'Yes', please also complete
ADDENDUM - SECTION B

SECTION 5: Damage to Insured Vehicle

Describe the damage to the vehicle

Was the vehicle towed from the scene?

Yes No

If 'Yes', please provide details of tow company:

Has a repair quote been obtained?

Yes No

If 'Yes', please attach to this form

Amount \$

Is the vehicle driveable?

Yes No

Address where the vehicle can be assessed:

Street Address

Suburb

Postcode

State or Territory

NSW

ACT

QLD

VIC

SA

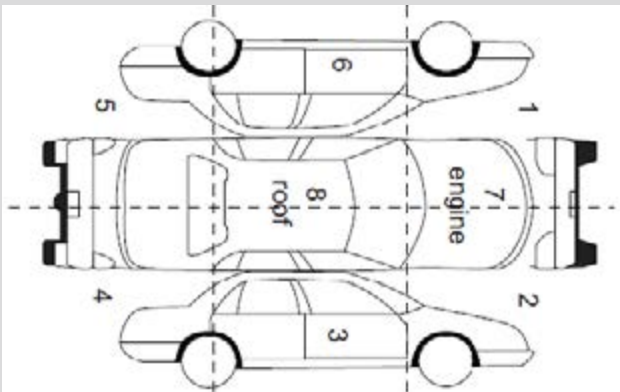
WA

TAS

NT

Show the damage to your vehicle on the following diagram:

List the damage marked on the diagram:



SECTION 6: Police & Witness Details

Was the incident reported to the Police?

Yes No

If 'Yes', please confirm the date:

(dd/mm/yyyy)

Did the Police attend the accident scene?

Yes No

If 'Yes', please provide the following:

Police Event / Report Number:

Officer's Name / Number

Police Station

Police action take or pending?

Yes No Unknown

If 'Yes', please provide the details:

Was there any witnesses to the accident?

Yes No

If 'Yes', please provide their details:

Witness Full Name

Witness Contact Number

Witness Address

Suburb

Postcode

State or Territory

NSW

ACT

QLD

VIC

SA

WA

TAS

NT

SECTION 7: Declaration

This Claim Form was completed by:

Full Name:

Completed Date:

(dd/mm/yyyy)

Please continue to next page for ADDENDUM - Damage to Other Parties Vehicle(s) or Property

