

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
(dd/mm/yyyy)

Time incident Occurred
Between (am/pm) - And (am/pm)

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

Describe how the incident occurred

SECTION 5: Damage to Insured Vehicle

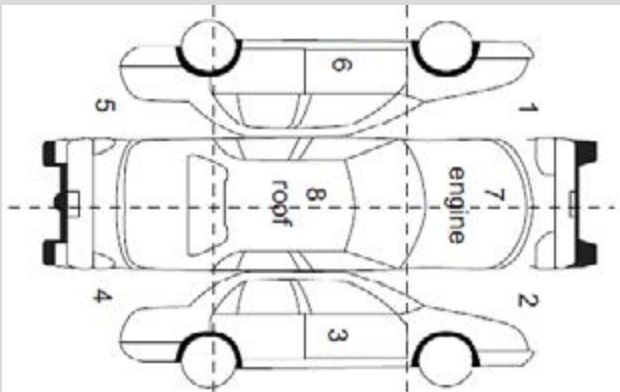
Has a repair quote been obtained?

If 'Yes', please attach to this form

Amount \$

Yes No

Show the damage to your vehicle on the following diagram:



SECTION 6: Declaration

This Claim Form was completed by:

Full Name:

Completed Date:

(dd/mm/yyyy)