MOTOR VEHICLE CLAIM

The issue of this form does not contitute an admission of liability on the part of the insurer.

Please complete in full all sections of this claim form and return it as soon as possible after the accident.

Policy Number		ABN Number	
Have you claimed an input tax credit on the GST applicable to this policy? No ☐ Yes ☐ If Yes, state percentage claimed			%

INSURED DETAILS

Name of Insured					
Address					
		State		Postcode	
Contact Numbers	Phone ( )		Mobile ( )		
Occupation					
Are you the sole owner of the insured vehicle? No ☐ Yes ☐ - If No, name of other interested parties					
Is the vehicle leased? No ☐ Yes ☐		Type of lease: Novated ☐ Other ☐			

INSURED VEHICLE

Make & Model		Year		Fleet No.			
Rego		Engine No.		Chassis / VIN number			
CLASS OF VEHICLE							
Sedan or Station Wagon ☐	Four Wheel Drive ☐	Heavy Plant ☐	Rigid Vehicle over 2T and up to 5T ☐				
Van or Utility up to 2T ☐	Bus or Coach ☐	Articulated Prime Mover ☐	Rigid Vehicle over 5T and up to 10T ☐				
Semi Trailer ☐	Light Plant ☐	Heavy Plant ☐	Other				
Trailer #1 Details (if applicable)	Make		Type				
Year	Rego No.		Fleet No.				
Trailer #2 Details (if applicable)	Make		Type				
Year	Rego No.		Fleet No.				
State any non-standard accessories/modifications to vehicle?							
State time and place journey commenced and intended destination							
State type of goods being carried?							

DRIVER - For Parked or Unattended vehicles, Driver or Vehicle Custodian at the time of loss.

Surname		Given Name(s)			
Address				Postcode	
Contact Numbers	Phone ( )		Mobile ( )		
Date of Birth		Age		Sex	Male ☐ Female ☐
Current Driver's Licence No. and endorsements					
Expiry Date		Years Licenced to drive this type of vehicle			
Name of Registered Owner of the Vehicle (If not insured)					

DRIVER - Continued

Date of Birth of Registered Owner		Was the vehicle being used with the owners consent? No ☐ Yes ☐	
Was the vehicle being used for private or business purpose?			

Have you had any traffic convictions and/or traffic offences or been involved in any motor vehicle accidents in the past five (5) years? No ☐ Yes ☐ - Give details

Has your drives license ever been suspended or cancelled? No ☐ Yes ☐ - Give details	
How many hours have you spent driving in the 48 hours immediately preceeding the accident?	

Did you consume any alcohol or take any drugs during the 12 hours prior to the accident? No ☐ Yes ☐ - If Yes, state what, how much and when

Did you undergo a breath test or blood test for alcohol or drugs? No ☐ Yes ☐ - If Yes, what was the result

Did you refuse to undergo any of the above tests? No ☐ Yes ☐

DAMAGE TO INSURED VEHICLE

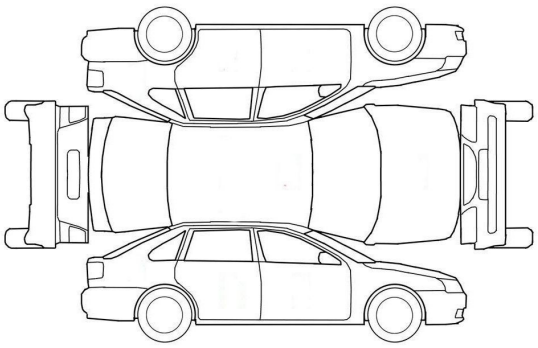
Was your vehicle damaged? No ☐ Yes ☐

Was your vehicle towed away? No ☐ Yes ☐ - If Yes, name of company			
Have you obtained a repair quote? No ☐ Yes ☐	Quote	$	**(Attach all quotes)**
Who is your preferred repairer?			

Is the vehicle there? No ☐ Yes ☐ - If not, where is the vehicle located? (Full address)

	Phone	( )

Show the damaged areas to your vehicle on the following diagram



Was there pre-existing demage? No ☐ Yes ☐ If yes, give details

ACCIDENT DETAILS

Date		Time	☐ am or ☐ pm

DAY OF THE WEEk Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday ☐

LOCATION	Street		Suburb		Postcode

How did the incident or theft happen? Please provide full details.

ACCIDENT DETAILS - Continued

Please draw a plan of the accident. Show the nearest cross street; street names; centre of the roadway; direction and location of vehicles. It is important to detail all road signs and marking and width of road.

Indicate your own vehicle as A Indicate any other vehicles as B

Who do you consider was at fault? Myself ☐ Other Driver ☐ Other	
Why?	
Estimated speed of your vehicle at impact (kilometres per Hour)	
Estimated speed of the other vehicle just before the accident (kilometres per Hour)	
What lights if any were being used by you?	
What lights if any were being used by the other party?	
What signals were given by you?	
What signals were given by the other party?	

State of road / road surface Smooth ☐ Rough ☐ Wet ☐ Dry ☐ Uphill ☐ Downhill ☐ Flat ☐

How was visibility? Good ☐ Moderate ☐ Poor ☐

Were there any independent witnesses to the accident? No ☐ Yes ☐ - If Yes, please provide names and addresses

POLICE QUESTIONS

Did a Police Officer attend the accident scene? No ☐ Yes ☐

Did you report the incident to the police? No ☐ Yes ☐ - Give details

Name		Rank	
Station			
Date of report		**Please attach a copy of police report, if available**	
Name of person to be charged or cautioned			
Nature of charge or caution			

WITNESS(ES) DETAILS

Surname		Given Name(s)			
Address					
		State		Postcode	
Contact Numbers	Phone ( )		Mobile ( )		

Was this witness in the insured vehicle? No ☐ Yes ☐

Surname		Given Name(s)			
Address					
		State		Postcode	
Contact Numbers	Phone ( )		Mobile ( )		

Was this witness in the insured vehicle? No ☐ Yes ☐

DETAILS OF OTHER VEHICLE OR PROPERTY		
	Vehicle or Property No. 1	Vehicle or Property No. 2
Vehicle Make & Model		
Registration Number		
Name of Other Driver		
Address		
Phone Number		
Licence Number		
Name of Registered Owner (if not driver)		
Address		
Phone Number		
Insurance Company of other party		
Policy Number		
Description of Damage		

PERSONAL INJURIES			
Was this witness in the insured vehicle?		No ☐ Yes ☐	
Name	Type of Injury	Injured Party (Passenger / Driver)	Vehicle (Registration No.)

PRIVACY

Lockton Companies Australia Pty Ltd includes information about how we manage your personal information in your financial services guide. You can obtain a copy of the insurers Privacy Policy Statement from their website.

DECLARATION AND AUTHORISATION

THE INFORMATION AND ANSWERS GIVEN ABOVE ARE TRUE, CORRECT AND COMPLETE IN EVERY DETAIL.

1. I / We understand the claim may be refused if information is not true or withheld
2. I / We authorise the insurer to give and obtain from other insurers, insurance references bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of Insured 1. _____ Date _____

Signature of Insured 2. _____ Date _____

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM