Motor Vehicle - Claim Form

The Issue of this form is not an admission of Liability.

PLEASE COMPLETE THIS CLAIM FORM AND ENSURE THAT YOU SIGN THE DECLARATION AT THE END OF THIS FORM

Contact/ref | Insurer | Policy No. | Excess

INSURED'S DETAILS

1. Name of Insured
2. Postal Address
   Postcode
3. Contact Name | Telephone No.
   E-mail Address: | Facsimile No.
4. If more than one named insured is claiming for this loss, please answer this question for each insured on a separate page

(a) Are you registered for GST purposes? (Tick box applicable) YES ☐ NO ☐

If YES, what is your Australian Business Number (ABN)?

(b) Have you claimed or are you entitled to claim an Input Tax Credit (ITC) on your monthly or quarterly Business Activity Statement to the Australian Taxation Office in respect to the GST paid on the insurance policy under which this claim is being made? YES ☐ NO ☐

If YES, what percentage of the GST did you claim or are you entitled to claim? %

(if the GST paid and your ITC entitlements are the same amount, the answer to this question is 100%)

NB: Insurers cannot settle your claim without the above information and, if you fail to advise the availability of an ITC or understate its availability, you may have a liability to pay tax on the claim payment. If you have any queries, please see your tax adviser

FOLLOWING CLAIM ACCEPTANCE BY YOUR INSURER, PLEASE ADVISE PREFERRED METHOD OF PAYMENT

Cheque ☐ Direct Payment ☐ If you selected Cheque, nominate payee

If you have selected Direct Payment please supply the following information (alternatively supply a deposit slip noting the following information)

Bank | Account Name

Branch Number | Account Number

LOSS OR DAMAGE DETAILS

5. Date of event | at | a.m. | p.m.
6. Where did event occur?
7. How many vehicles were involved in the accident (including your own)
8. a) Speed of your vehicle — At the moment of impact | Before Emergency Arose

   b) Speed of the other vehicle — At the moment of impact | Before Emergency Arose
9. What was the road surface like? Wet ☐ Dry ☐ Loose ☐

   Traffic Controls: None ☐ Traffic Lights ☐ Give Way Sign ☐ Stop Sign ☐ Roundabout ☐ Other ☐

   If 'other' please specify

LOSS OR DAMAGE DETAILS

10. How did the loss or damage occur? Please provide all the facts, even if they are not in your favour

SKETCH DIAGRAM OF ACCIDENT

1. Name
2. Indicate direction of travel
3. Your vehicle ☒
4. Other vehicle(s) ☐

Name the streets, indicate directions travelling with arrows, show point of impact, show existence of any road signs at intersections.

11. (a) Who, in your opinion was to blame for the accident?

    (b) Why?

VEHICLE DETAILS

12. Year of Manufacture | Body Type

    Vehicle Make and Model

    Registration No | Engine No

    No of cylinders | VIN. No

13. Please list all accessories or other equipment which has not been fitted by the vehicle manufacturer

14. Is Vehicle subject to Finance? YES ☐ NO ☐

    If yes, give details

DRIVER'S DETAILS

15. Name

    Address

    Date of Birth | Driver's licence No | Classes

    c) Driver's relationship to Insured if not employee. YES ☐ NO ☐

    Expiry Date of Licence | Years held

DRIVER'S DETAILS

16. Has the driver had any accidents, traffic convictions and/or penalties in the last 5 years? YES ☐ NO ☐

If "yes" give full particulars

17. Has the driver's licence ever been suspended or cancelled? YES ☐ NO ☐

If yes, give full particulars

When?

State Reason

18. If the driver is not the insured, please state:

a) Was the vehicle being driven with the Insured's knowledge and consent? YES ☐ NO ☐

b) Was the driver a paid employee of the Insured? YES ☐ NO ☐

c) Driver's relationship to Insured if not employee.

19. Has the driver ever been refused vehicle insurance or continuance thereof by an insurer? YES ☐ NO ☐

If yes, please state the name of the company

Had the driver consumed any drugs or alcohol within 12 hours preceding the accident? YES ☐ NO ☐

If yes, please state the nature and quantity of the drugs and/or alcohol consumed

20. Were you requested to take a blood, breath or urine test? YES ☐ NO ☐

If yes, give details of type of test

Blood Test ☐ Urine Test ☐ Alco-Test ☐ Full Breathalyser ☐ What was the reasoning?

NOTE: DOCUMENTARY PROOF OF THE RESULT OF A BLOOD OR BREATHALYSER TEST MAY BE REQUIRED

POLICE INFORMATION

21. Did the police attend the accident? YES ☐ NO ☐

22. Has the driver reported the accident to the police? YES ☐ NO ☐

If "yes" give full particulars

Where? Report No Date Reported

23. Was any charge laid or intimidated against the driver? YES ☐ NO ☐

If "yes" what is the nature of the charges?

DAMAGE TO THE INSURED VEHICLE

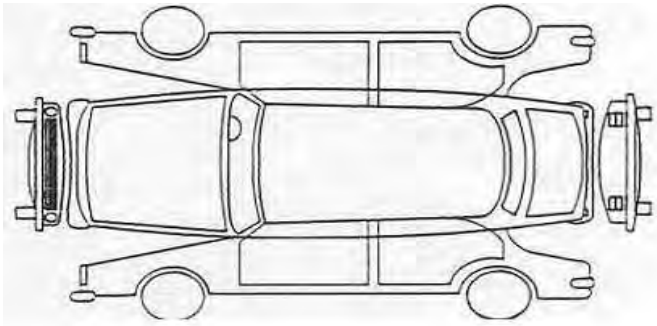
24. Was the vehicle being used for business at the time of the accident? YES ☐ NO ☐

If "yes", please state the nature of business

If goods carrying vehicle, please state the nature and weight of loads

25. Describe damage to insured vehicle in this accident

Shade in damage to insured vehicle



26. Was there any pre-existing damage to the vehicle? YES ☐ NO ☐

If yes, please give details

27. Was the vehicle towed? YES ☐ NO ☐

If yes, please give name of Towing Company

28. Where was the vehicle towed to?

29. Where is the vehicle now?

30. Where can the vehicle be inspected?

No repairs or alterations to the damaged vehicle should be made until approval is made by the Insurer

DETAILS OF OTHER VEHICLE OR PROPERTY

31. Owners Name

Address

Phone No

32. Driver's Name

Address

Phone No

33. Vehicle Make | Body Type | Reg No

34. Describe damage to vehicle and/or property

Approximate Cost $

35. Is this vehicle insured? YES ☐ NO ☐

If yes, name the insurance company

36. Has any claim been made against you for either damage to another vehicle or property? YES ☐ NO ☐

If yes, give details and amounts

DETAILS OF ALL WITNESSES

State if the witness was:

(a) an independent witness; (b) in the insured vehicle; or (c) in the third party vehicle ☑ (See below)

37. Were there any witnesses to this accident? YES ☐ NO ☐

If "yes" provide details:

Name | Phone No

Address

Name | Phone No

Address

Please note:

1. Make sure that you give us ALL details about your claim.
2. Please send any documentation you have which may assist in verifying ownership.
3. Send us all original quotations which you have received from the repairer.
4. Tell the Police immediately about any loss or damage which has been caused by theft, vandalism or malicious damage to your vehicle.
5. For Third Party claims, do not admit liability.
6. Contact your Claims Broker should you require assistance.

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 insured or person with authority to sign for or on behalf of the insured | Date:

Signature of the driver (if not the insured) | Date:

***This consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business**

Collection Statement Under Privacy Act 1988

In accordance with the Privacy Act 1988 (and subsequent amendments), we Insurance Brokers Australia (and our subsidiaries and related entities) draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for the purpose of approaching the insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other Insurance Brokers Australia products or services and administering payments to you. If you are proposing for or renewing insurance, the information is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984, the Marine Insurance Act 1909 or at common law.
- The information we collect may be disclosed to third parties including but not limited to insurers, insurance intermediaries, service providers, finance providers, advisers, agents and Insurance Brokers Australia related Group companies.
- The information we collect may be disclosed to third parties including but not limited to insurers, insurance intermediaries, service providers,finance providers, advisers, agents and Insurance Brokers Australia related Group companies.
- Your personal information may be sent to our administrative processing centre insurers, reinsurers and other third party service providers (e.g. data storage providers).
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the abovematters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act 1988, you must obtain it with the individual's consent. We will use and disclose your personal information in accordance with our Privacy Policy.
- Our Privacy Policy can be accessed on our website (www.ibacorp.com.au). For further information contact your executive or the Insurance Brokers Australia Privacy Officer:
  Pegasus Business Centre 42 Bundall Rd Bundall, Queensland, Australia 4217