

Motor Claim Form

Please complete this to the best of your knowledge. Insurance fraud is a crime, please ensure that all information is complete and correct.

Insured details: Full details of Insured/Owner

Insured/Owner	Policy number
Postal address	Telephone Home _____ Work _____
	Email address _____
	If company, contact name _____

Vehicle details:

Reg No _____	Year _____	If your vehicle is financed or leased, please name your finance or lease company below.
Manufacturer / Model _____		_____

Driver details: Full details of insured driver or person in charge of insured vehicle at the time of accident or loss

Full name _____	License & Version Number _____	Expiry Date _____
Date of Birth: (DD/MM/YR) _____	License issuing authority _____	

Declaration questions - You should not disclose any information about offences that can be withheld under the Criminal Records (Clean Slate) Act 2004.

- | | |
|---|---|
| 1. Had you taken any intoxicating liquor and/or drugs (prescribed or otherwise) within the 12 hours prior to the accident?
Yes <input type="radio"/> No <input type="radio"/> | 4. Have you been disqualified from driving, or had licence endorsed cancelled or suspended within the last 5 years?
Yes <input type="radio"/> No <input type="radio"/> |
| 2. Have you ever been convicted of any traffic or criminal offenses (other than parking) within the last five years?
Yes <input type="radio"/> No <input type="radio"/> | 5. Was the vehicle being used without the policyholders consent?
Yes <input type="radio"/> No <input type="radio"/> |
| 3. Have you ever had any motor accidents or claims including theft (other than windscreen breakage) within the last five years?
Yes <input type="radio"/> No <input type="radio"/> | 6. Is the vehicle modified in any way or have pre existing damage?
Yes <input type="radio"/> No <input type="radio"/> |
| | 7. Have you been refused vehicle insurance or had a policy cancelled?
Yes <input type="radio"/> No <input type="radio"/> |

If you answer "YES" to any of the questions above, please provide full details (Please include dates for any offences/accidents listed)

Accident location details:

Location _____	Suburb / Town _____
Date _____ Time _____ am/pm _____	Road surface <input type="radio"/> Sealed <input type="radio"/> Unsealed <input type="radio"/> Dry <input type="radio"/> Wet _____
Speed (kmph) prior to braking _____	Weather conditions <input type="radio"/> Fine <input type="radio"/> Raining <input type="radio"/> Fog <input type="radio"/> Overcast <input type="radio"/> Strong winds _____
Approx speed on impact _____	

Passengers (Please use supplementary pages if required)

Were there any passengers in insured vehicle? Yes No

Name / Address / Telephone No. _____

Witnesses: It is important that names & addresses are obtained whether the driver considers him/herself to blame or not. (Please use supplementary pages if required)

Name / Address / Telephone No. _____



