

Motor Claim Form

Insured Details

Policy Number: _____

Name of Insured: _____

Contact Person: _____

Home Ph: _____ Work Ph: _____ Mobile: _____

Email: _____

Address: _____

Are you registered for GST? Yes No If yes, what is your ABN? _____

Have you claimed or do you intend to claim an input tax credit on the GST component of the policy premium?

Yes No If yes, will you be claiming an amount less than 100%?

Yes No If yes, specify amount claimed: _____ %

Are you entitled to claim any input tax credit for repairs to the damage?

Yes No If yes, will you be claiming an amount less than 100%?

Yes No If yes, specify amount claimed: _____ %

Insured Vehicle Details

Year: _____ Make: _____ Model: _____

Registration Number: _____ VIN/Engine No: _____

Is the vehicle financed: Yes No If yes, Finance Company: _____

Driver Details

Driver's Name: _____ Date of Birth: _____ Phone: _____

Driver's Address: _____

License Number: _____ Class: _____ Expiry: _____ Years held: _____

Was the vehicle being used with the insured's consent? Yes No

Driver's relationship to insured: _____

Did the driver consume any alcohol or drugs in the 12 hours before the accident? Yes No If yes, quantity: _____

Was the driver tested by the Police for alcohol or drugs? Yes No If yes, result: _____

Driver History

Have you or the driver had any insurance declined or cancelled or special conditions imposed in the last 5 years?

Yes No If yes, please provide details: _____

Have you or the driver been charged or convicted of any criminal offence?

Yes No If yes, please provide details: _____

Have you or the driver had an accident or made a claim on a motor vehicle insurance policy in the last 5 years?

Yes No If yes, please provide details: _____

Have you or the driver been convicted of any driving offences (such as speeding) in the last 5 years?

Yes No If yes, please provide details: _____








Accident Details

Accident location: _____ Date and time: _____

Road surface: Dry Wet Loose Number of vehicles involved in accident: _____

What happened? _____

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 markings and width of road.

YOUR VEHICLE	OTHER VEHICLE	PEDESTRIAN, CYCLIST ETC.	ROAD	STOP SIGN	GIVE WAY SIGN	LIGHTS
						

Who do you believe is at fault and why: _____

Was there any admission of responsibility for the accident? Yes No If yes, please provide details below

Details: _____

Damage to Insured Vehicle

Are you claiming for the damage to your vehicle? Yes No Was the vehicle towed? Yes No

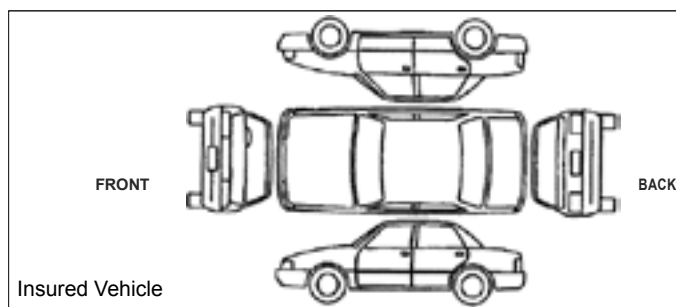
If yes, please give details below

Name of tow company: _____ Where was it towed? _____

Where is the vehicle now? _____

Please indicate the area of damage to your vehicle on the diagram.

Front	Rear	Drivers Side
Front Drivers Side	Rear Drivers Side	Passenger Side
Front Passenger Side	Rear Passengers Side	Roof



Third Party Details

Year: _____ Make: _____ Model: _____
Body Type: _____ Registration Number: _____ Colour: _____
Driver's Name: _____
Address: _____
Home Ph: _____ Work Ph: _____ Mobile: _____
Damage to Vehicle: _____
Insurance Company: _____ Policy Number: _____

Police

Were the Police notified of the accident? _____
No State reason: _____
Yes Name of Officer: _____ Police Station: _____
Police Report Number: _____ Date: _____
Did the Police attend the scene? Yes No
Were there any charges laid or indications made of further action? Yes No If yes, please provide details below
Details: _____

Witnesses

Were there any witnesses to the event? Yes No If yes, please provide details below
First Witness Name: _____ Phone: _____
Address: _____
Where was the Witness? _____
Second Witness Name: _____ Phone: _____
Address: _____
Where was the Witness? _____

EFT Details

The insurer may settle your claim by authorising repair or replacement of your damaged or lost property through a repairer or a supplier. However, there will be occasions where a payment will be made to you. In order that they transfer settlement funds direct to your account we request that you provide your banking details.

Name: _____ Bank: _____ Account No: _____ BSB No: _____

Privacy: We are committed to protecting your privacy in accordance with the Privacy Act 1998. Our Privacy Policy describes our current policies and practices in relation to the handling and use of personal information. A copy of our Privacy Policy can be obtained from any of our offices, or on our website at www.mclardymcshane.com.au

Declaration: I/we certify that the above information and answers are true and complete. I/we understand that the claim may be refused or reduced if information is withheld.

Signature of Insured: _____ Date: _____