

Motor Vehicle Accident Claim Form

Please note that no vehicle repairs are to commence without the consent of your Insurer.

Insured Details

Insured Name:				ITC %:	
ABN:		Policy No.:		Insurer:	
Address:					
Suburb:		State:		Postcode:	
Contact First Name:			Contact Surname:		
Landline:			Mobile:		
Email Address:					

Bank Details for Settlement or Reimbursement

Account Name:			
Bank:			
BSB:		Account No.:	

Insured Vehicle Details

Insured Ref:			Depot:		
Make:		Model:		Year:	
Registration:		Vin:		Colour:	
Type of service at time of incident	<input type="checkbox"/> School Bus <input type="checkbox"/> Local Charter <input type="checkbox"/> Gen Charter/Intra State <input type="checkbox"/> Route Service <input type="checkbox"/> Rail Replacement <input type="checkbox"/> Scheduled Intercapital Express <input type="checkbox"/> Interstate Tours <input type="checkbox"/> Country Link / V-Line <input type="checkbox"/> Self-Drive Hire <input type="checkbox"/> Airport/Hotel Transfer <input type="checkbox"/> Pub/Club Shuttle Bus <input type="checkbox"/> Private <input type="checkbox"/> Other (please state): _____				
Are you the registered owner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If NO, please provide the owner's details below		
Registered Owner Name:					

Driver Details

First Name:		Surname:	
Address:			
Suburb:		State:	Postcode:
Landline:		Mobile:	
Email Address:			
Relationship to Owner:	Owner <input type="checkbox"/> Employee <input type="checkbox"/> Hirer <input type="checkbox"/> Relative <input type="checkbox"/> Lease Driver <input type="checkbox"/> Other <input type="checkbox"/>		
License No.:		Expiry:	Class:
No. of years class held:		DOB:	Age:
Did the driver consume any alcohol or drugs in the 12 hours prior to the accident?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, please provide details:			
Did the driver undergo a breath test / analysis, or a blood test post incident?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Does the driver have any driving convictions			YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please provide details:			
Has the driver ever had car insurance cancelled or refused by any insurers?			YES <input type="checkbox"/> NO <input type="checkbox"/>

Incident Details

Address of Incident:			
Suburb:		State:	Postcode:
Date of Incident:		Time of Incident:	
Weather:	<input type="checkbox"/> Sunshine <input type="checkbox"/> Rain <input type="checkbox"/> Other (please state): _____		
Road Surface:	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Smooth <input type="checkbox"/> Rough <input type="checkbox"/> Flat <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill		
At time of incident, the insured vehicle was:	<input type="checkbox"/> Parked <input type="checkbox"/> Stationary <input type="checkbox"/> Moving at _____ km/h		
At time of incident, the other vehicle(s) were:	<input type="checkbox"/> Parked <input type="checkbox"/> Stationary <input type="checkbox"/> Moving at _____ km/h		
No. of Vehicles Involved:		CCTV Footage?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Incident / Theft Description

Please describe the events before, during and after the incident or theft, including the street where the accident took place, number of lanes, and what driving signals/lights were being used by the vehicles involved.

Damage to your Vehicle

Are you claiming for the damage to your vehicle?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the vehicle towed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Tow Company:	
Provide the address that the vehicle was towed to:				
Suburb:		State:		Postcode:
Vehicle's current location (provide address):				
Suburb:		State:		Postcode:
Name / address of repairer:				
Suburb:		State:		Postcode:
Landline:		Mobile:		

Please attach / submit the repair estimate with this form.

on the image below, then drag it and place it at the point(s) of impact. You can also double click on the shape to add comments and you can add as many markers as you need:



Third Party Vehicle Details

Make:		Model:		Year:	
Registration:		Colour:			

If there is more than one vehicle involved, please attach / submit a list.

Third Party Vehicle Owner Details

First Name:		Surname:			
Insurer:		Policy No:			
Address:					
Suburb:		State:		Postcode:	
Landline:		Mobile:			
Email Address:					

Third Party Driver Details

First Name:		Surname:			
Address:					
Suburb:		State:		Postcode:	
Landline:		Mobile:			
Email Address:					
DOB:		License Number:		License State:	

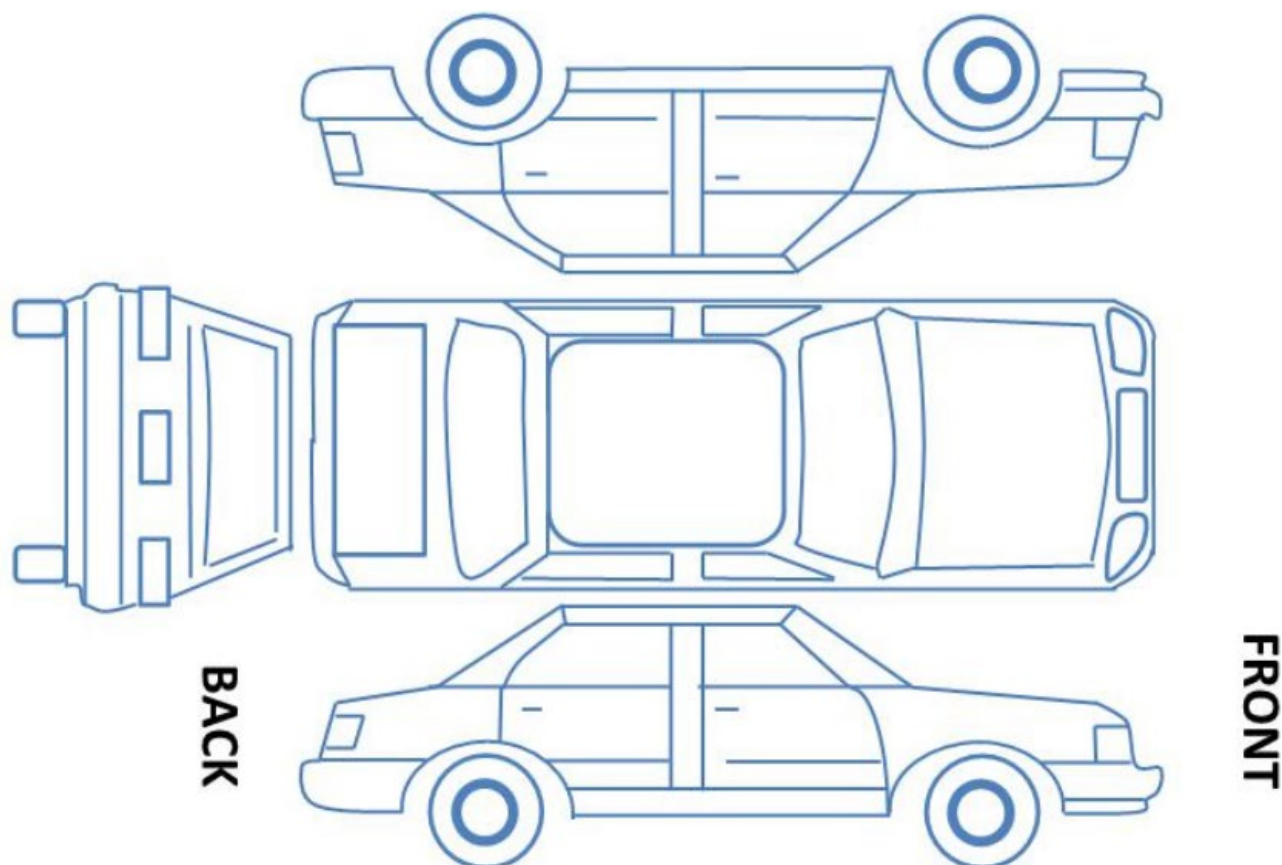
Police

Did the police attend the scene?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Did you report the incident?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Officer Name:			Event No.:		
Station:			Date of Report:		

Please attach a copy of the Police Report, if available.

Other Parties (non-vehicles)

on the image below, then drag it and place it at the point(s) of impact. You can also double click on the shape to add comments and you can add as many markers as you need:



Other Parties (non-vehicles)

Please provide details of pedestrians, owners of property or owners of animals involved:

First Name:		Surname:	
Insurer:		Policy No:	
Address:			
Suburb:		State:	
		Postcode:	
Landline:		Mobile:	
Email Address:			

Witness Details

Witness 1:

First Name:		Surname:	
Address:			
Suburb:		State:	
		Postcode:	
Landline:		Mobile:	
Email Address:			
Was the witness in the vehicle at the time of the incident?			YES <input type="checkbox"/> NO <input type="checkbox"/>

Witness 2:

First Name:		Surname:	
Address:			
Suburb:		State:	
		Postcode:	
Landline:		Mobile:	
Email Address:			
Was the witness in the vehicle at the time of the incident?			YES <input type="checkbox"/> NO <input type="checkbox"/>

Privacy

The Privacy Act 1988 governs how companies can collect, store, and use your information. Your account manager can supply a copy of your Insurer's Privacy Policy at your request. In relation to claims, your insurer may have to disclose your data to Third Parties such as repairers, assessors, police, credit agencies, and Third Party Insurers, as and where it relates to your claim. If you do not wish for this information to be disclosed, please advise us, however it may affect your claim's ability to be acted upon.

Declaration. By entering my name electronically below;

I/we declare that to the best of my/our knowledge and belief, the information provided in this form and in any attached documentation is true and correct and that I/we have not withheld any relevant information.

I/we consent to the Insurer and/or its agent using the personal information I/we have provided for the purpose of processing my claim. I/we understand that if I/we choose not to provide the required details, this is my/our choice; however, the Insurer and/or its agent may not be able to process my/our claim.

I/we consent to the Insurer and/or its agent disclosing my/our personal information to other insurers, an insurance reference service, claims adjusters, lawyers and other consultants or as required by law. I/we also consent to the Insurer and/or its agent disclosing my/our personal information to and/or collecting additional information about me/us, from investigators or legal advisors.

I/we acknowledge that I/we have read and understood the Privacy Statement and consent to the collection, storage, use and disclosure of personal and sensitive information to all persons affected by this claim.

I/we acknowledge that if I/we do not agree to the collection of this personal information then the Insurer and/or its agent will be unable to process my/our claim.

I/we authorise the Insurer or its agent to give to and obtain from other insurers, insurance reference 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.

I/we acknowledge that any form of electronic signature, including but not limited to signatures via typing your name, may substitute for an original signature and shall have the same legal effect as an original signature.

Signed (Insured): _____

Date: _____

Signed (Driver): _____

Date: _____

- Please submit your claim by emailing this form and any supporting documents to claims@businsure.com.au
- We recommend that you either cc yourself into the email or that you print a copy of the form for your records.
- Before you email the form, please ensure that you have completed / attached the following:
 1. All relevant questions on the claim form
 2. Provided or arranged for a repair quote
 3. Images of your damage, third party damage and any images from the scene of the accident
 4. CCTV footage (if available)
 5. Any correspondence received from the third party