

Motor Vehicle Accident Claim Form

Please note, no repairs are to commence
without the consent of your insurer.

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In the Event of a Claim:

- Take precautions to ensure that no further damage or loss occurs to the motor vehicle
- Where possible have motor vehicle moved to a secure location if not driveable
- Obtain one repair quotation and retain any CCTV footage of the incident
- This Claim Form should be completed and returned to us as soon as possible with any relevant photos, demands, and quotations
- Contact your Broker if you are unsure about any matters relating to the completion of this Claim Form.
- No repairs are to be commenced without the consent of your insurer.

Have I?

- Read and answered every question to the best of my ability?
- Included a copy of the Driver's license for the correct class of vehicle (front and back)?
- Included any quotations for repairs and any photos taken at the scene?
- Attached any additional sheets when additional space was needed?

Submitting Form Electronically

This form can be filled in using Adobe Acrobat Reader, including using Electronic Signatures and saved as a file to email. If you wish to do this, please be sure to include separately a diagram of the accident and damage to the vehicles. Mandatory fields are highlighted in red.

Alternatively, this form can be filled in, printed, and posted/faxed/scanned on its own.

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 effect your claim's ability to be acted upon.

Insured Details

Insured:

A.B.N:

ITC Percentage:

%

Address:

Suburb:

State:

Postcode:

Contact Name:

Phone:

Mobile:

Fax:

Email:

Insured Vehicle Details

Insured Claim Ref: (if applicable) Depot:

Vehicle Make: Model: Year:

Registration No.: Vin: Colour:

Type of Service: School Bus: Local Charter: Gen Charter/Intra State:
 Route Service: Rail Replacement: Scheduled Intercapital Express:
 Interstate Tours: CountryLink/V-Line: Pub/Club Shuttle Bus:
 Self-Drive Hire: Airport/Hotel Transfer: Private:
 Other : _____

Registered Owner:

Address:

Financier: If Applicable- only if vehicle is a potential write off/total loss/stolen

Address: Account Number:

Driver Details

Surname: First Name:

Address:

Contact Numbers: Business Private
 Facsimile Mobile

Relationship: Owner Employee Hirer Relative Lease Driver

License No: Expiry Date: License Class:

Date of Birth: Age: Years Licensed For This Class :

Was the vehicle used with the Insured's knowledge and consent? No Yes

If yes, reason for use? Eg. Business, Private etc.

Did the driver consume any alcohol or drugs in the 12 hours prior to the accident? No Yes

If yes, details:

Did the driver undergo a breath test, breath analysis, or blood test? No Yes Please attach copy of certificate

Accident or Theft Details

Date of Loss: Weekday: Time:

Where did the accident happen?

Postcode:

Weather: Sunshine Rain Other:

Road Surface: Dry Wet Smooth Rough Flat Uphill Downhill

At the time of the accident the insured vehicle was: Parked Stationary Moving at km/h

At the time of the accident the other vehicle/s were: Parked Stationary Moving at km/h

Traffic Controls: None Stop Sign Roundabout Give Way Sign Lights

If Traffic Lights- were they Green/Amber/Red against you? Other Party?



Number of other vehicles involved: CCTV Footage: Yes No (please retain copy of footage)

Road Type: Straight Curved Left turn Right turn

Who was at fault? Surname: Given Names:

Accident/ Theft Description: Please describe the events before, during and after the accident 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.

Sketch Diagram of Accident

1. Name Streets
2. Use arrow to indicate direction
3. Your vehicle 
4. Other vehicle(s) 
5. Show North, South, East and West plus any traffic signs/lights

Damage to your vehicle

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

Was the vehicle Towed? No Yes Tow Company:

Where was it towed? Distance towed: Kms

Where is the vehicle now?

Name and Address of Repairer:

Phone No:

Repair Estimate: \$

Diagram:

Please show areas of damage and indicate point of impact with an X.



Other Vehicle Details

Make of Vehicle: Model: Year:

Registration No.: Colour:

IF THERE IS MORE THAN ONE VEHICLE INVOLVED PLEASE ATTACH DETAILS SEPARATELY.

Owner of the Other Vehicle

Surname: Given Names:

Address: P'code:

Contact: Daytime Private

Insurer: Policy Number:

Driver of the Other Vehicle

Surname: Given Names:

Address: P'Code:

Contact: Daytime Private

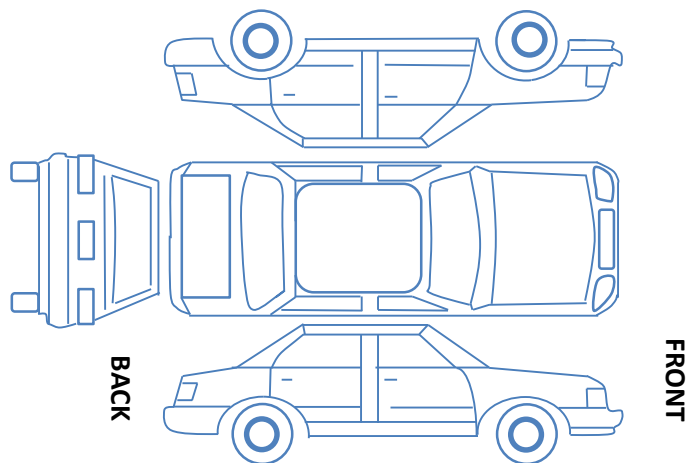
Date of Birth: License No.

Was the owner in the vehicle at the time of the accident? Yes No

Damage to Other Vehicle

Shade in damage to Other Vehicle.

Indicate point of impact (X)



Other Parties (non-vehicles)

Give details of pedestrians, owners of property or owners of animals involved

Surname: Given Names:

Address: P'Code:

Contact: Business Private

Police

Did police attend the accident scene? Yes No or did you report the accident to them? Yes No

Officer Name: Event No.:

Station: Date of Report:

Name of Person to be charged or cautioned:

Nature of charge or caution:

If available to you, please attach a copy of the Police Report

Witness(es) Details

Surname:	<input type="text"/>	Given Names:	<input type="text"/>
Address:	<input type="text"/>	P'Code:	<input type="text"/>
Contact:	Daytime: <input type="text"/>	Private:	<input type="text"/>
Mobile:	<input type="text"/>		

Was the witness in the vehicle at the time of the accident? Yes No

Surname:	<input type="text"/>	Given Names:	<input type="text"/>
Address:	<input type="text"/>	P'Code:	<input type="text"/>
Contact:	Daytime: <input type="text"/>	Private:	<input type="text"/>
Mobile:	<input type="text"/>		

Was the witness in the vehicle at the time of the accident? Yes No

Declaration

I/We declare that to the best of my knowledge and belief, the information provided on this claim 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.

Signed (Insured): _____ Date: ____/____/____

Signed (Driver): _____ Date: ____/____/____