

Tel: (08) 6274-0500

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Motor Vehicle Insurance Claim

The supply or acceptance of this form is not an admission of liability on the part of the insurer. Please complete ALL sections of this claim form. Unless specifically arranged beforehand, no repairs or alterations to the damaged vehicle should be made unless approved by your insurance underwriter.

Policy Number Client Ref No

Insured

Insured's Name

Address

Postcode

Phone No Occupation

What is your Australian Business Number (ABN)?

Are you registered for GST? Yes No

To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium? %

Are you the sole owner of the insured vehicle? Yes No

If NO, who is the owner?

Insured Vehicle

Make & Model Year

Rego Number Rego Expiry Date Colour

Engine No Chassis No

Class of Vehicle

Sedan or Station Wagon	<input type="checkbox"/>	Bus or Coach	<input type="checkbox"/>
Van or Utility up to 2T	<input type="checkbox"/>	Light Construction or earthmoving Plant	<input type="checkbox"/>
Rigid Vehicle over 2T and up to 5T	<input type="checkbox"/>	Heavy Construction or earthmoving Plant	<input type="checkbox"/>
Rigid Vehicle over 5T and up to 10T	<input type="checkbox"/>	Trailer	<input type="checkbox"/>
Rigid Vehicle over 10T	<input type="checkbox"/>	Other	<input type="checkbox"/>
Articulated Prime Mover	<input type="checkbox"/>		

Trailer Details (if applicable)

Make	<input type="text"/>	Type	<input type="text"/>
Year	<input type="text"/>	Registration No	<input type="text"/>

Driver

For parked or unattended vehicles, Driver = Vehicle custodian at the time of loss.

Surname	<input type="text"/>	Given Name(s)	<input type="text"/>				
Address	<input type="text"/>	Postcode	<input type="text"/>				
Phone No.	<input type="text"/>	Date of Birth	<input type="text"/>	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
Driver Licence	<input type="text"/>	Expiry Date	<input type="text"/>	Years held	<input type="text"/>		

Registered owner of vehicle

Are you an employee? Yes No If not, state relationship

Have you had any traffic convictions or been involved in any motor vehicle accidents in the past five (5) years?..... Yes No

If Yes, please give details

In the past 3 years, has the policyholder or the driver in this incident

Had a licence cancelled, disqualified or suspended? Yes No

Been convicted or had any fines or penalties imposed for any alcohol related driving offences or crime involving drugs, dishonesty, arson, theft, fraud or violence against any person or property? Yes No

In the past 5 years, has the policyholder or the driver in this incident

Had an insurance policy declined, cancelled or conditions imposed on an Insurance Policy Yes No

Have you been convicted of or had any fines or penalties imposed for any Yes No
criminal offences in the last 10 years? If Yes, please provide details

Did you consume any alcohol or take any drugs during the 12 hours prior to the accident? Yes No

If Yes state how much and when

Did you undergo a breath test or blood test for alcohol or drugs? Yes No

If Yes what was the result

Did you refuse to undergo any of the above tests? Yes No

Bank Details of Insured

Bank Bsb Number	<input type="text"/>	Bank Account Number	<input type="text"/>
Name Of Bank	<input type="text"/>	Bank Account Name	<input type="text"/>

Damage to insured vehicles

Was your vehicle damaged?.....Yes No

Was your vehicle towed away?.....Yes No

Have you obtained a repair quote?Yes No

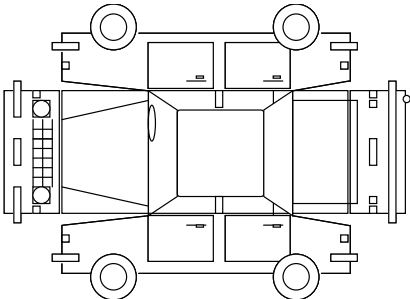
Amount \$
(Attach Quote)

If not driveable where can the vehicle be inspected?

Full address

Phone No

Show the damaged areas to your vehicle on the following diagram



Accident Details


Date Time am/pm Vehicle Use: Business Private


What was the accident location?

Street Suburb P/code

How did the accident happen?

Please draw a plan of the accident. Show the nearest cross street; street names; centre of the roadway; direction and location of vehicles; location of traffic control signals and another useful information.

Indicate your own vehicle as **A** 

Indicate any other vehicles as **B** 

Who do you consider was at fault? Myself Other driver Other

Estimated speed of YOUR vehicle just before the accident KPH

Estimated speed of OTHER vehicle just before the accident KPH

What was the condition of the road?

Sealed Unsealed Smooth Rough Wet Dry

How was visibility?

Good Moderate Poor

Were there any witnesses to the accident?..... Yes No

If Yes, please provide names & addresses

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Did Police attend the accident?..... Yes No

If Yes, Police station Name/Number of officer

If No, state time and date reported to Police

Did Police indicate who was responsible? Yes No

If Yes, Name of driver?

Did Police charge either driver or suggest action may be taken? Yes No Charge

Damage to other vehicle or property

	Vehicle or Property No 1	Vehicle or Property No 2
Name of other driver		
Age		
Phone No.		
Licence No.		
Vehicle Make & Model		
Rego No.		
Name of registered Owner		
Address		
Phone No.		
The other insurance Company		
Policy Number		
Description of Damage		

Personal Injuries

Was anyone injured in the accident? Yes No

Name	Type of injury	Injured Party (Passenger/Driver)	Vehicle (Registration No.)

Privacy

The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

Internal Dispute Resolution (IDR) Statement

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

Declaration (must be completed)

1. I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.
2. Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect of such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.
3. I/We acknowledge that I/we have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim.
4. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

Driver's Signature: _____

Date: _____

Insured's Signature: _____

Date: _____

How to Get Quick Action on Your Claim

1. Complete the attached form and return to our office.
2. Attach all quotations or invoices obtained for replacement of or repair to the damaged or missing property.
3. Attach valuations and receipt of purchases whenever possible.
4. Advise the Police immediately in the event of loss by burglary, housebreaking, theft, suspected malicious damage. Also make sure the premises are secure to avoid further incidents.

Note: Police reports are very slow so if you can obtain one at the time the report is taken, then this will save valuable time or at least obtain a copy or report number.

5. Attach any letter of demand or other correspondence that you may receive from any Third Party.
6. Do not make any admission of liability for loss or damage caused by you to the Third Parties.

WHAT WE WILL DO - IF THE PAPERWORK IS CORRECT AND COMPLETE:-

- Submit the claim form to the Insurer
- If the claim has not been paid within 30 days we will contact the Insurer and then advise you accordingly
- We will then follow up the claim when necessary until settlement is reached, however, please feel free to call at any time

WHAT AN ASSESSOR WILL DO:-

- An assessor is an independent person who is appointed by the Insurer for their expertise in helping you finalise a larger or more difficult claim
- They will interview and obtain details of a loss and arrange for quotes and prepare the necessary paperwork
- The assessor is your contact point
- The assessor will write a report to the Insurer recommending a course of action
- This can take time depending on their work load and Police Reports
- The Insurer will not act until these reports are received and although not bound by the assessor recommendations, the Insurers usually accept these reports.
- If you are unhappy with any aspect of the claim, advise the assessor. If he is unable to correct the problem then contact us immediately. We will not know of any problem without being advised.
- If you are unhappy with the assessor's responses, contact us immediately.