**MOTOR VEHICLE CLAIM FORM**

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| Date: | Date Lodged: |
| Contact Name: | Claim No: |
| Phone: | Claim Manager: |
| Mobile: | Phone No: |
| Email: | Email: |
|  | Assessor Details: |

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| **Insured:** | |
| Underwriter: | Excess: |
| Policy Type: | Policy No: |
| Registered for GST: Yes / No | ITC Entitlement: % |
| ABN: |  |

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| **Vehicle:** | |
| Rego No: | Vehicle Finance: |
| Drivers Name: | Drivers Contact No: |
| Drivers D.O.B.: | Relationship to Insd: |
| Drivers Lic. No: | Class: |
| Years held Lic: | Expiry Date: |
| In the past 5 years has the **policy holder or driver** (Allianz Policies Only): | |
| * Had a driver’s licence cancelled, suspended, been disqualified, from   driving or committed any driving related alcohol or drug offence? Yes / No | |
| * Had an insurance policy declined, cancelled or conditions imposed   on an insurance policy? Yes / No | |
| * Committed any criminal offences? Yes / No | |
| If YES please provide details: | |
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| --- | --- | --- | --- |
| **Date of the Incident:** / / | | | Time: am|pm |
| Incident Location: | | | |
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|  | | State: Postcode: | |
| How did the Accident happen: | | | |
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|  | | Speed travelling at impact: km/h | |
| Were the police called: YES | NO | | 24hrs prior to accident did the driver consume: | |
| Incident No: | | Alcohol: YES | NO | |
| Police Station: | | Drugs: YES | NO | |
| Officers Name: | | Was the driver breathalysed: YES | NO | |
| Road Conditions: SEALED |UNSEALED | OTHER : | | |
| Weather Conditions: DRY | RAINING| FOGGY|OTHER: | | | |
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| **Third Party Details:** | | |
| Drivers Name: | | Licence Number: |
| Phone number: | Address: | |
| Year, Make and Model of Vehicle: | | |
|  | | |
| Registration No: | | Colour of Vehicle: |
| Insurance Company: | |  |
| Where is the damage to the third party vehicle: | | |
| Other: | | |
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| **Insured Vehicle details for repairs** | |
| Is there damage to the insured vehicle: Yes / No | Is the vehicle still driveable: Yes / No |
| Tow Truck Required: Yes / No PD / UNPD | Tow Truck Company Details: |
|  |  |
| Where is the damage to the vehicle: | |
| FRONT | REAR |DRIVER’S SIDE | PASSENGER SIDE | ROOF | UNDERCARRIAGE | | |
| Other details: | |
|  | |
| Where is the Vehicle now: | |
| Have quote and images been obtained: Yes / No Amount: $ | |
| If no, when will you be getting quote: | |
| Preferred repairer’s details: | |
|  | |

**Diagram | Other details:**