



## Motor Vehicle Insurance Claim Form -Accident Damage-

**You must answer ALL questions.** Where indicated please tick the box  as applicable. In order to process your claim as quickly as possible, please attach to this claim form copies of the front and back of your driver's licence as well as the driver's licence of anyone driving the car or responsible for the car at the time of the incident. The copies must be clear and the photographs clearly identifiable.

<b>Policy No.</b>	<b>Period of Insurance: From</b>	/	/	<b>to</b>	/	/
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THE INSURED VEHICLE IS REGISTERED IN THE NAME OF	FINANCE DETAILS (IF APPLICABLE)
Surname: _____ Given Names: _____	Company: _____
Are you registered for GST? <input type="checkbox"/> YES <input type="checkbox"/> NO	Address: _____
If YES, what percentage will you be claiming on Input Tax Credit for _____ %	_____
Address: _____	P/Code _____
P/Code: _____ Email: _____	Term: _____ Months: _____
Telephone: Private: _____ Business: _____	Loan Type: (Lease, HP, etc): _____
Occupation: _____ Date of Birth: ____/____/____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Contact.: _____
Drives Licence No: _____ Year Obtained: _____	_____

THE INSURED VEHICLE
Make (e.g. Ford) _____ Model (e.g. Falcon) _____ Series (e.g. EA) _____
Year: _____ Body Style: _____ Registration No.: _____
Engine No.: _____ VIN No.: _____
No. of Cylinders: _____ Transmission: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic
Date of Purchase: _____ Purchase Price: \$ _____ Dealer/Private Sale: _____
Has the car had accessories added which are not the manufacturer's standard specification? <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, provide full details _____
Type of Registration? <input type="checkbox"/> Private <input type="checkbox"/> Private/Business <input type="checkbox"/> Business <input type="checkbox"/> Goods Carrying _____ Registration Expiry Date: ____/____/____
Has the motor vehicle ever been let on Hire or used for fare paying passengers? <input type="checkbox"/> YES <input type="checkbox"/> NO
Was a trailer attached at the time of the accident? <input type="checkbox"/> YES <input type="checkbox"/> NO
Was the motor vehicle being used with your consent? <input type="checkbox"/> YES <input type="checkbox"/> NO
For what purpose was the vehicle being used at the time of the accident? (e.g. driving to work, shops, gym, friends etc.) _____
_____
Was the car damaged in any way prior to claim? <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, provide full details _____

THE DRIVER / PERSON IN CHARGE OF INSURED VEHICLE	Please complete <b>ALL</b> details even if answered above
Surname: _____ Given Names: _____ Date of Birth: ____/____/____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Address: _____ P/Code: _____	
Telephone: Business Hours: _____ Occupation: _____	
Drivers Licence No: _____ Year Obtained: _____ Expiry Date: ____/____/____	
How long has driver held a current Australian Driver's Licence? _____ Years: _____ Months: _____	
Is the Driver's Licence <input type="checkbox"/> Learner <input type="checkbox"/> Provisional <input type="checkbox"/> Probationary <input type="checkbox"/> Full	
How often do you use this vehicle? Please state frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other	
Is the Driver <input type="checkbox"/> the Owner <input type="checkbox"/> an Employee <input type="checkbox"/> a Friend of the Insured <input type="checkbox"/> a Relation	
Other? Specify _____	
_____	

## THE INSURED VEHICLE IS REGISTERED IN THE NAME OF

In the last 5 years have you or anyone who is likely to drive the car:

- a) Been charged or convicted or issued with an infringement notice for any motoring offence?  YES  NO
- b) Had their Licence refused, Suspended, Cancelled or Endorsed?  YES  NO
- c) Had an at fault accident with a motor vehicle or had a motor vehicle stolen, damaged (including hail) or destroyed by fire where the recovery costs were not made by your insurer?  YES  NO

In the last 5 years have you or anyone who is likely to drive the car ever:

1. Been charged or convicted with a criminal offence?  YES  NO

In the last 5 years have you or anyone who is likely to drive the car ever:

2. Had an insurance policy refused, denied or cancelled or special conditions applied, endorsed or excess imposed by an insurer?  YES  NO

If YES to any question above, please provide FULL DETAILS below

IF THERE IS NOT SUFFICIENT SPACE TO ANSWER THESE QUESTIONS PLEASE ADD A SEPARATE SHEET

## DETAILS OF THE ACCIDENT

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm

Exact Address where accident occurred \_\_\_\_\_ Suburb/Town \_\_\_\_\_

Explain in full how accident occurred \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What speed limit applied in the area? \_\_\_\_\_

Estimated speed of your vehicle \_\_\_\_\_ 50 metres before impact \_\_\_\_\_ kph At time of impact \_\_\_\_\_ kph

Estimated speed of other vehicle \_\_\_\_\_ 50 metres before impact \_\_\_\_\_ kph At time of impact \_\_\_\_\_ kph

Was any traffic control sign facing you?  YES  NO If YES, what type of sign? \_\_\_\_\_

Was any traffic control sign facing the other person?  YES  NO If YES, what type of sign? \_\_\_\_\_

Were your vehicle lights on?  YES  NO On other vehicle?  YES  NO

Was any evasive action taken by your vehicle?  YES  NO If YES, what? \_\_\_\_\_

Was any evasive action taken by the other vehicle?  YES  NO If YES, what? \_\_\_\_\_

\_\_\_\_\_

Who, in your opinion, was responsible for this accident? \_\_\_\_\_

What is your reason for thinking so? \_\_\_\_\_

Condition of Road Surface  Dry  Wet  Loose \_\_\_\_\_

Did anyone admit responsibility for the accident, verbally or otherwise?  YES  NO

If YES, whom? \_\_\_\_\_

## THE POLICE

Did the Police attend the scene of the accident?  YES  NO

If YES, name of the Police Officer \_\_\_\_\_ Police Station \_\_\_\_\_ Event No. \_\_\_\_\_

If the Police did not attend, to which Police Station did you report the accident? \_\_\_\_\_

To your knowledge, are the Police laying any charges in regard to this accident?  YES  NO

If YES, against whom? \_\_\_\_\_ On what charge(s)? \_\_\_\_\_

\_\_\_\_\_

## DAMAGE TO THE INSURED VEHICLE

### Particulars of damage to the insured vehicle

Was the vehicle towed:  YES  NO

Name of towing company: \_\_\_\_\_

Distance vehicle was towed: \_\_\_\_\_ Kms

Full address where the vehicle can be inspected: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_


Please attach quotation for repairs


## PLAN OF ACCIDENT PLEASE SKETCH SCENE OF ACCIDENT. SHOW ALL TRAFFIC LIGHTS AND STREET SIGNS (STOP, GIVE WAY ETC.)



Indicate Direction of North by Arrow


Indicate as Follows:

Street Intersection 


Curved Street 

Pedestrian 

Your Vehicle 

Other Vehicles 

Direction of travel shown by arrow)

Indicate Traffic Control signs e.g. 

## OTHER VEHICLE(S) INVOLVED

### CAR 1

Make and Model of Vehicle: \_\_\_\_\_

Registration No.: \_\_\_\_\_ Colour: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Driver's Address: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Claim No.: \_\_\_\_\_

Nature of damage to this Vehicle: \_\_\_\_\_

Value of damage: \_\_\_\_\_ \$

Driver Licence No.: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Number of persons in vehicle at time of accident: \_\_\_\_\_

Was the owner in the vehicle at the time of accident:  YES  NO

### CAR 2

Make and Model of Vehicle: \_\_\_\_\_

Registration No.: \_\_\_\_\_ Colour: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Driver's Address: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Claim No.: \_\_\_\_\_

Nature of damage to this Vehicle: \_\_\_\_\_

Value of damage: \_\_\_\_\_ \$

Driver Licence No.: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Number of persons in vehicle at time of accident: \_\_\_\_\_

Was the owner in the vehicle at the time of accident:  YES  NO

## PEDESTRIANS OR ANIMALS

Please provide full detail of owner of property/animals or details of any involved pedestrians

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ Sex:  M  F  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Details of damage to other property: \_\_\_\_\_

## DETAILS OF INJURIES

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Type of Injuries: \_\_\_\_\_  
Tick if:  Driver  Passenger  Pedestrian

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Type of Injury: \_\_\_\_\_  
Tick if:  Driver  Passenger  Pedestrian

## DETAILS OF WITNESS

Were there any witnesses:  YES  NO

If YES, please provide details

### Passenger in Insured Motor Vehicle

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ Sex:  M  F  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

### Passenger in Other Motor Vehicle

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ Sex:  M  F  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

### Independent Witness

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ Sex:  M  F  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

## DECLARATION

- I/We declare that foregoing particulars are true in every respect,
- I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.
- I/We understand that the applicable excess is payable under the condition of the policy.
- I/We acknowledge that AVEA Insurance may give to, and obtain from, the other insurers and/or Insurance Reference Bureaux, personal information relating to the claim as well as claims information obtained during the course of the contract.
- I/We have read and understood the Privacy Information attached to this form.
- I hereby authorise you as my agent to remove the vehicle to any place of storage or repair and take any other action you consider necessary to implement repair or reinstatement of vehicle.

Signature of Driver: \_\_\_\_\_ Date: / /

Signature of Insured: \_\_\_\_\_ Date: / /

**REMEMBER TO ATTACH ALL DOCUMENTATION—COPIES OF LICENCES, QUOTE ETC.**



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