



## Motor Vehicle Insurance Claim Form -Malicious 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.

**Policy No.**

**Period of Insurance: From**

/

/

**to**

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### THE INSURED VEHICLE IS REGISTERED IN THE NAME OF

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Are you registered for GST?  YES  NO

If YES, what percentage will you be claiming on Input Tax Credit for \_\_\_\_\_ %

Address: \_\_\_\_\_

P/Code: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: Private: \_\_\_\_\_ Business: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F

Drives Licence No: \_\_\_\_\_ Year Obtained: \_\_\_\_\_

### FINANCE DETAILS (IF APPLICABLE)

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

Address: \_\_\_\_\_

P/Code: \_\_\_\_\_

Term: \_\_\_\_\_ Months: \_\_\_\_\_

Loan Type: (Lease, HP, etc): \_\_\_\_\_

Contact: \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR DRIVERS LICENCE TO THIS FORM**

### 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:  Manual  Automatic

Date of Purchase: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_ Dealer/Private Sale: \_\_\_\_\_

Has the car had accessories added which are not the manufacturer's standard specification?  YES  NO

If YES, provide full details \_\_\_\_\_

Has the car been modified in any way?  YES  NO

Type of Registration?  Private  Private/Business  Business  Goods Carrying Registration Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Purpose for which the car was being used at time of claim?  PRIVATE  BUSINESS

Was the car locked at time of claim?  YES  NO

Was an alarm system fitted?  YES  NO

If YES, was it activated?  YES  NO

Were any steps taken to prevent claim?  YES  NO

Was the car damaged in any way prior to claim?  YES  NO

If YES, provide full details \_\_\_\_\_

### THE LAST PERSON TO DRIVE THE INSURED VEHICLE

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Drivers Licence No.: \_\_\_\_\_ Date of Expiry: \_\_\_\_/\_\_\_\_/\_\_\_\_

How many years has driver held an Australian Licence? \_\_\_\_\_ Years: \_\_\_\_\_

**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

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

Has the insured or last driver of the car ever had a Motor Car stolen or vandalised:  YES  NO

If YES, on what date:        /        /        Name of Insurance Company concerned: \_\_\_\_\_

**DESCRIPTION OF THE CLAIM**

Date of Accident:        /        /        Time of Accident:         am     pm

Exact Address where claim occurred: \_\_\_\_\_

What was your reason for leaving your car in this location? \_\_\_\_\_

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Describe Events leading up to, and full particulars (as best you know) of the claim: \_\_\_\_\_

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Name and Address of any person with you when you discovered the damage: \_\_\_\_\_

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## DAMAGE TO 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

*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 Policyholder: \_\_\_\_\_

Date: / /

## THE POLICE

Station Reported to: \_\_\_\_\_

Name of Officer: \_\_\_\_\_

Crime Report No.: \_\_\_\_\_ Date Reported: / / Time:  am  pm

Reported By: \_\_\_\_\_ If not reported explain why: \_\_\_\_\_  
\_\_\_\_\_

Is there any reason to suspect any person(s) of being involved  YES  NO

## 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 acknowledge that AVEA Insurance may give to, and obtain from 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 also 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 Insured: \_\_\_\_\_

Date: / /

