

Motor Vehicle Insurance Claim Form -Accidental 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 vehicle or responsible for the vehicle 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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INSURED DETAILS	FINANCE DETAILS (IF APPLICABLE)
Surname: _____ Given Names: _____	
Company: _____	
Are you registered for GST? <input type="checkbox"/> NO <input type="checkbox"/> YES (percentage claiming Input Tax Credit for) _____ %	
Address: _____	
P/Code: _____ Email: _____	
Telephone: Private: _____ Business: _____	
Term: _____ Months: _____	
Occupation: _____ Date of Birth: ____/____/____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Loan Type: (Lease, HP, etc): _____	
Drivers Licence No: _____ Year Obtained: _____	

INSURED VEHICLE DETAILS
Vehicle registered in the name of: _____
Make (e.g. Ford) _____ Model (e.g. Falcon) _____ Series (e.g. XR6) _____
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 vehicle 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 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 incident? <input type="checkbox"/> YES <input type="checkbox"/> NO
Was the 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 incident? (e.g. driving to work, shops, gym, friends etc.) _____
Was the vehicle 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 ALL 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 First Obtained: _____ Expiry Date: ____/____/____	
Is the Driver's Licence: <input type="checkbox"/> International <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	
Did you consume any alcohol in the 12 hours prior to the incident? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Did you consume any drugs (prescribed or otherwise) in the 12 hours prior to the incident? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, Please specify: _____	

DUTY OF DISCLOSURE

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

- a) Been charged or convicted or issued with an infringement notice for any motoring offence?
b) Had their Licence Refused, Suspended, Cancelled or Endorsed (including any good behaviour period)?
c) Had an at fault incident 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?

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

- 1. Been charged or convicted with a criminal offence?

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

- 2. Had an insurance policy refused, denied or cancelled or special conditions applied, endorsed or excess imposed by an insurer?

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

(IF THERE IS INSUFFICIENT SPACE TO ANSWER THESE QUESTIONS PLEASE ADD A SEPARATE SHEET)

DETAILS OF THE INCIDENT

Date of Incident: Time: am pm

Exact Address where incident occurred Suburb/Town

Explain in full how incident 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 you? 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 incident?

What is your reason for thinking so?

Condition of Road Surface Dry Wet Unsealed

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

If YES, whom?

THE POLICE

Did the Police attend the scene of the incident? 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 incident?

To your knowledge, are the Police laying any charges in regard to this incident? 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: _____ Telephone: _____

Distance vehicle was towed: _____ Kms

Full address where the vehicle can be inspected: _____

Telephone: _____

Please attach quotation for repairs (If you need assistance with a repairer, please contact us)

PLAN OF INCIDENT PLEASE SKETCH SCENE OF INCIDENT. 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

Other Party 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: _____

Date of Birth: _____

Number of persons in vehicle at time of incident: _____

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

Other Party 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: _____

Date of Birth: _____

Number of persons in vehicle at time of incident: _____

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

PEDESTRIANS OR ANIMALS

N/A

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

N/A

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: _____ Contact no: _____

Passenger in Other Motor Vehicle

Surname: _____ Given Names: _____ Sex: M F

Address: _____ Postcode: _____ Contact no: _____

Independent Witness

Surname: _____ Given Names: _____ Sex: M F

Address: _____ Postcode: _____ Contact no: _____

DECLARATION

- I hereby declare that the information I have submitted in relation to this claim, including the Duty of Disclosure section, is true and correct in every particular;
- I agree to provide any information that is requested by Avea that it deems is relevant to assessing this claim;
- I acknowledge that Avea Insurance may provide, and obtain from, other insurers and/or the Insurance Reference Bureaux personal information relating to this claim as well as claims I have previously lodged, in accordance with Avea’s Privacy policy. I understand that I may request a copy of Avea’s Privacy policy at any time or obtain it from Avea’s website;
- I hereby authorise Avea to act on my behalf to take any action it considers necessary to implement repair or reinstatement of the vehicle, including the removal of the vehicle to any place of storage or repair; and
- I understand that the applicable excess is payable under the policy terms and conditions.

Signature of Driver: _____ Date: / /

Signature of Insured: _____ Date: / /

