

## 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 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** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### INSURED DETAILS

### FINANCE DETAILS (IF APPLICABLE)

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ Company: \_\_\_\_\_  
 Are you registered for GST?  NO  YES (percentage claiming Input Tax Credit for) \_\_\_\_\_ % Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 P/Code: \_\_\_\_\_ Email: \_\_\_\_\_ P/Code: \_\_\_\_\_  
 Telephone: Private: \_\_\_\_\_ Business: \_\_\_\_\_ Term: \_\_\_\_\_ Months: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex:  M  F Loan Type: (Lease, HP, etc): \_\_\_\_\_  
 Drivers Licence No.: \_\_\_\_\_ Year First 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:  Manual  Automatic  
 Date of Purchase: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_ Dealer/Private Sale: \_\_\_\_\_  
 Has the vehicle had accessories added which are not the manufacturer's standard specification?  YES  NO  
 If YES, provide full details: \_\_\_\_\_  
 Has the vehicle been modified in any way?  YES  NO  
 If YES, provide full details: \_\_\_\_\_  
 Type of Registration?  Private  Private/Business  Business  Goods Carrying Registration Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Purpose for which the vehicle was being used at time of claim?  PRIVATE  BUSINESS  
 Was the vehicle 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 damage?  YES  NO  
 Was the vehicle damaged in any way prior to the claim?  YES  NO  
 If YES, provide full details: \_\_\_\_\_

### THE LAST PERSON TO DRIVE THE INSURED VEHICLE

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Telephone: Private: \_\_\_\_\_ Business: \_\_\_\_\_ Email: \_\_\_\_\_  
 Drivers Licence No.: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 How many years has driver held an Australian Licence? Years: \_\_\_\_\_

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?  YES  NO
- b) Had their Licence Refused, Suspended, Cancelled or Endorsed (including any good behaviour period)?  YES  NO
- 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?  YES  NO

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?  YES  NO

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?  YES  NO

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

DESCRIPTION OF THE CLAIM

Date of Incident: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time of Incident: \_\_\_\_\_  am  pm

Exact Address where incident occurred: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you consume any alcohol in the 12 hours prior to the incident?  YES  NO

Did you consume any drugs (prescribed or otherwise) in the 12 hours prior to the incident?  YES  NO

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DAMAGE TO 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)

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

If yes, please provide details: \_\_\_\_\_

DETAILS OF WITNESS

Were there any witnesses:  YES  NO

If YES, please provide details:

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

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

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

