



Allianz Australia Insurance  
Limited

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### Motor Vehicle Claim Form

The Issue of this Form is not an Admission of Liability by Insurer

Policy #:

Claim #:

We understand the difficulties arising from your accident.

Please complete and return this claim form as soon as possible, so that your claim will receive prompt consideration by the Insurers.

#### PLEASE NOTE

1. If your vehicle can be safely driven, a quotation for its repair should be faxed/returned with this claim form.
2. Repairs must not be authorised without Insurer's approval.
3. Licence / permit / registration of the driver (or a photocopy of both sides) should accompany this form (enlarged if possible).
4. If anyone holds you responsible for damage to their vehicle or property, insist their claim be in writing and include two quotations for repairs, which should accompany this form. Do not admit Liability.
5. Insurers / Assessor may suggest a guaranteed repairer supply a quote if needed.

#### The Insured

Surname:

Other Names:

Title:  Mr  Mrs  Miss  Ms

Address:

Postcode:

Occupation:

Phone Private:  Business:

Fax No.:  Mobile:

Email Address: \*

Contact Name:

Are you registered for GST?  Yes  No

If YES, what is your ABN?

Have you claimed an input  Yes  No

tax credit on the GST amount applicable to this policy?

If Yes, is the amount claimed less than 100% of the GST applicable to the premium?  Yes  No

If Yes, specify amount claimed:   
(percentage)

Are you entitled to claim an input tax credit for the repairs or replacement of the vehicle?  Yes  No

If Yes, is the amount claimable less than 100%?  Yes  No  
Specify amount claimed:   
(percentage)

### The Insured Vehicle

Year:

Make:

Model:

Type of body:

Engine No.:

Registration No.:

No of Cylinders:

Transmission:  Manual  Automatic

Color:

Carrying capacity:

Tonnes:

What accessories were fitted to the vehicle?

Did you improve/modify the vehicle in any way?  Yes  No

If yes, specify, indicating improvements/modifications together with costs

For what purpose was the vehicle being used at the time of the accident?  Private  Business  Trade  Other

If Other, please specify:

Name of registered owner of vehicle:

Name of Finance Co. (If under hire purchase or lease):

Contract No.:

Has the insured ever made a claim under a motor vehicle policy or been convicted of any offence arising from the use of a motor vehicle?

Yes  No

If Yes, give details:

### The Driver

Surname:

Other names:

Title:  Mr  Mrs  Miss  Ms

Driver's Address:

Postcode:

Telephone No. Private:  Business:

Licence No.:

State of issue:

Expiry date:   (dd/mm/yyyy)

Date of Birth:   (dd/mm/yyyy)

Year licensed:

Occupation:

Relationship to insured (Spouse, Employee, Friend, etc):

Was the vehicle being used with insured's knowledge and consent?

Yes  No

Approximately how frequently in a period of a year does the driver drive this vehicle?

Does the driver hold motor insurance on any other vehicle?

Yes  No

Had the driver consumed any intoxicating liquor or taken any drugs during 12 hours prior to accident?

Yes  No

If so give particulars:

Did the driver undergo a breath analysis test?  Yes  No

If Yes, advise result of test:

Did the driver undergo a blood test and/or drug test?  Yes  No




If Yes, advise result of test:

Has the driver within the last five years had any insurance or renewal of insurance declined or cancelled or special conditions imposed?  Yes  No

If Yes, give details:

Has the driver within the last five years had an accident, fire or theft involving a motor vehicle and/or made a motor claim against any insurer?  Yes  No

If Yes, give details:

Date of loss	Type of Claim (Theft, Collision, etc)	Amount of Loss	Insurance Company
<input style="width: 110px; height: 20px;" type="text"/>  (dd/mm/yyyy)	<input style="width: 220px; height: 20px;" type="text"/>	<input style="width: 130px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>
<input style="width: 110px; height: 20px;" type="text"/>  (dd/mm/yyyy)	<input style="width: 220px; height: 20px;" type="text"/>	<input style="width: 130px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>
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Attach separate sheet if insufficient room

### The Accident

Date of accident:   (dd/mm/yyyy)

Time:   
(AM/PM)

Day:

Place of accident

Street:

Town/Suburb:

State:

Name of nearest cross street:

Brief description of accident:

Estimate speed of your vehicle at time of impact: (Km/H)

Estimate speed of other vehicle at time of impact (Km/H)

Was horn on your vehicle sounded or other warning given?

Yes  No

On what side of the road was your vehicle travelling?

What were the weather conditions?

How many lanes?

Which lane were you travelling in?

What was the condition of the roadway (Sealed, rough, or otherwise?)

Who do you consider responsible for accident?

Give reasons:

Did either party admit liability or make any offer of payment?

Which vehicles were towed from the scene?

### The Other Vehicle

Owners name:

Address:

Postcode:

Drivers name:

Address:

Postcode:

Driver's Approx age:

Licence No.:

Phone No.:

Name of insurer of other vehicle:

Reg No.:

Make/Model of vehicle:

Year:

Policy No.:

Color:

Give particulars of damage to Third Party (A) vehicle:

(B) Fixed property:

Has any demand for this damage been made against you?  Yes  No

Note: If any other vehicles involved, please attach details.

Please attach any demands.

### Witnesss

Name Addresses and Telephone numbers of witnesses in insured vehicle

Names, Address and Telephone numbers of independent witnesses:

### Police

Did a police officer attend the accident?  Yes  No

If No, state time and date reported to police station:

Name of police officer:

Police station:

Did police lay any charges against either driver or intimate action may be taken?  Yes  No

Name of driver charged:

Nature of charge:

### Damage to insured vehicle

Was the insured vehicle damaged?  Yes  No

Where can the vehicle be inspected?

Have you obtained a quotation for repairs?

Yes  No

Amount:

\$

Please forward quotation with this form.

Name of repairer:

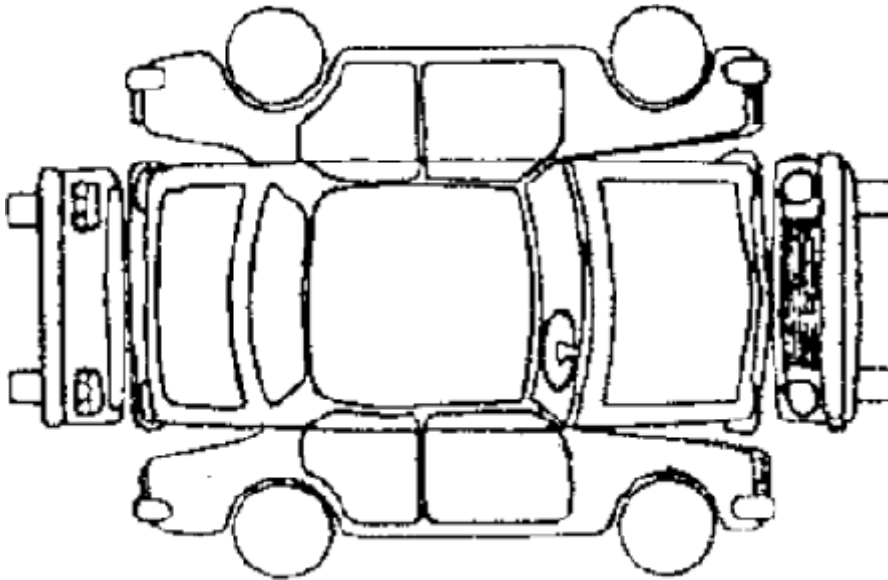
Address:

Postcode:

Telephone No.:

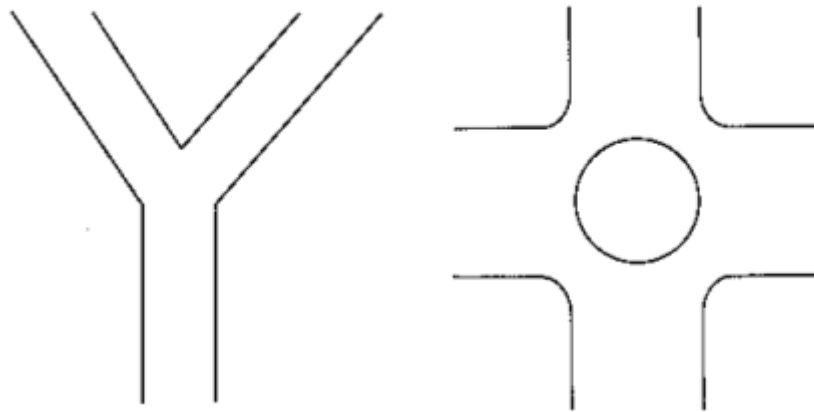
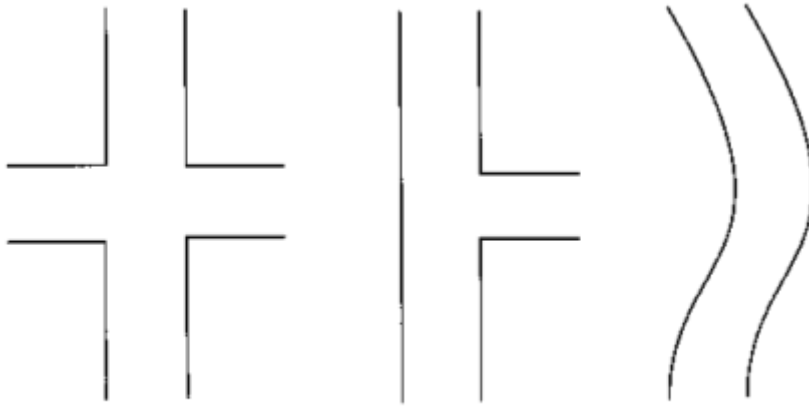
Fax No.:

Shade in damage to insured vehicle related to this accident.



Sketch Plan of Accident

Please complete the plan design applicable to the accident. If necessary, alter the design to suit a particular scene. Indicate centre of roadway, direction and location of vehicles, and location and nature of traffic control signs. Insured's vehicle, other party's vehicle Mark point of impact with 'X'.



To avoid unnecessary delay in processing your claim, it is important that you attach documentation to support :

- Ownership of all property claimed, eg. Original invoices, owners manuals, photos, receipts, etc...
- The repair / replacement of your loss. Eg. Original invoices, receipts, etc... by trade suppliers / repairers – itemising the precise nature of their quotation or work under taken eg. Size, model, type, age, hours, cost of labour, parts, prices...

Attachment:

Attach any supplementary information here

\* Indicates a mandatory field.

## Privacy

The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

## Internal Dispute Resolution (IDR) Statement

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

### Declaration (must be completed)

1. I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.
2. Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect of such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.
3. I/We acknowledge that I/we have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim.
4. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### How To Get Quick Action On Your Claim

1. Complete the attached form and return to our office. If an assessor is appointed, give them the forms.
2. Attach all original quotations or invoices obtained for replacement of or repair to the damaged or missing property. Photocopies are not accepted as a rule.
3. Attach original valuations and receipt of purchases whenever possible.
4. Advise the Police immediately in the event of loss by burglary, housebreaking, theft, suspected malicious damage. Also make sure the premises are secure to avoid further incidents. Note: Police reports are very slow so if you can obtain one at the time the report is taken, then this will save valuable time or at least obtain a copy or report number.
5. Attach any letter of demand or other correspondence that you may receive from any Third Party.
6. Do not make any admission of liability for loss or damage caused by you to the Third Parties.

### *WHAT WE WILL DO - IF THE PAPERWORK IS CORRECT AND COMPLETE: -*

- | Submit the claim form to the Insurer
- | If the claim has not been paid within 30 days we will contact the Insurer and then advise you accordingly
- | We will then follow up the claim when necessary until settlement is reached, however, please feel free to call at any time

### *WHAT AN ASSESSOR WILL DO:-*

- | An assessor is an independent person who is appointed by the Insurer for their expertise in helping you finalise a larger or more difficult claim
- | They will interview and obtain details of a loss and arrange for quotes and prepare the necessary paperwork
- | The assessor is your contact point
- | The assessor will write a report to the Insurer recommending a course of action
- | This can take time depending on their work load and Police Reports
- | The Insurer will not act until these reports are received and although not bound by the assessor recommendations, the Insurers usually accept these reports.
- | If you are unhappy with any aspect of the claim, advise the assessor. If he is unable to correct the problem then contact us immediately. We will not know of any problem without being advised.
- | If you are unhappy with the assessor's responses, contact us immediately.