

Motor Vehicle Claim Form

The issue or acceptance of this form is not to be construed as an admission of liability

1. Your Details

Policy number

Name of insured

Contact person

Address

Postcode

Private

Mobile

Business

Facsimile

Email

Occupation

Are you entitled to claim back the GST component of costs relating to the insured property, as an Input Tax Credit from the ATO?

NO YES 100% YES OTHER %

If Yes, what is your ABN?

EFT details: Bank and branch

BSB

Account

Account name:

2. Insured Vehicle

Is the property you are claiming for under a financial agreement (eg. mortgage/lease)?

NO YES, Financier

Make

Model

Year

Rego No.

2. Insured Vehicle (continued)

Class of Vehicle

Sedan or Station Wagon Rigid Vehicle over 2T & up to 5T

Van or Utility up to 2T Rigid Vehicle over 5T & up to 10T

Other

Attached Trailer Details (if applicable)

Make

Year

Rego No.

3. Incident Details

Date of incident

Time

 am pm

Address and place where incident occurred

Please advise in detail how the incident occurred and who caused the damage.

Please attach a drawn plan of the accident. Show the nearest cross street; street names; centre of roadway, direction and location of vehicles. Indicate your own vehicle as 'A' Indicate any other vehicles as 'B'

4. Driver's Details

For parked or unattended vehicles, driver = vehicle custodian at the time of loss.

Name

Address

Postcode

Contact number

Date of Birth

Sex Male Female

Current Driver's Licence No.

Expiry Date

Years Licensed

Name of Registered Owner of the Vehicle

Are you an employee? YES NO

If not, state relationship

Did you consume any alcohol / drugs during the 12 hours prior to the accident? YES NO

Did you undergo a breath or blood test for alcohol or drugs? YES NO

If yes, please state how much, when & results

Did you refuse to undergo any of the above tests? YES NO

In the past 3 years, has the driver in this incident:

Had a licence cancelled, disqualified or suspended YES NO

Been convicted or had any fines or penalties imposed for any alcohol related driving offences crime involving drugs, dishonesty, arson, theft, fraud or violence against any person or property YES NO

In the past 5 years, has the driver in this incident:

Had an insurance policy declined, cancelled, or conditions imposed on an insurance policy YES NO

5. Other Parties and Witnesses

If any other parties were involved, who do you consider responsible for the incident and why?

All known Third Party details:

Full Name

Address

Postcode

Contact No.

Registration No.

Drivers Licence No.

Please attach a photo of the damaged areas to your vehicle:

Was your vehicle damaged? NO YES

Have you obtained a repair quote? NO YES (please attach)

Was your vehicle towed away? NO YES

Who is your preferred repairer?

6. Police

We cannot proceed with claims for theft or malicious damage without the following details:

Police report number

Date reported

Station

Have any charges been laid or any other Police action taken?

Please keep us informed of any Police proceedings which may occur.

7. Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed. I/We authorise SRG to give to, or obtain from, other insurers, credit reference service or other interested parties, any information relating to me/us or any claim in relation thereto.

Signature

Date

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