



Motor

Private

## Motor Vehicle Claim Form

The supply or acceptance of this form is not an admission of liability on the part of Allianz.

### Claim Number

<b>Name of Insured</b>			
Occupation			
Contact Person			
Home Phone No.	Work Phone No.	Mobile No.	
Email			
Broker/Agent			Phone No.
Postal Address			
		Postcode	
Policy No.			Excess \$
Inception Date	Expiry Date		

**Interested Parties** Is the vehicle being claimed for under a Financial Agreement? Yes  No

Name of Financier  Contract No.

**G.S.T.** Are you registered for GST purposes? Yes  No  A.B.N.

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy?  %

To what extent are you entitled to claim an Input Tax Credit on the GST for this vehicle?  %

**Vehicle Details** Year  Make  Model

Body Type  Registration No.

Vin/Engine No.  Chassis No.

Has the vehicle been modified in any way? Yes  No

Detail modifications

Value \$

Details of additional accessories

Value \$

Who is the Registered owner of vehicle?

**Driver Details:** (include details of last Driver if vehicle was stolen)

Driver's Name  Date of Birth  Phone No.

Driver's Address

Postcode

Licence No.  Class  Expiry  Years Held

Was the vehicle being used with the Insured's consent? Yes  No

If Yes, Reason for use? (Business, Private etc.)

Driver's relationship to Insured?

How often does this driver use the vehicle in a year?

Did the Driver consume any alcohol or drugs during the 12 hours before the Accident? Yes  No  Quantity

Was the Driver tested by the Police for alcohol or drugs? Yes  No  Result

Does the driver hold motor insurance on any other vehicle? Yes  No

If Yes, provide details of Insurer and policy

CLM002 01/04



**Accident or Theft Details:**

Date of occurrence \_\_\_\_\_ Time of Loss \_\_\_\_\_ am/pm

Location \_\_\_\_\_

Postcode \_\_\_\_\_

**Accident:** Describe events before, during and after the accident (include no. of lanes, speed, parked, reversing etc.)

**Theft:** Describe events from time parked until discovered missing (include who made discovery and any action)

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

Please provide a sketch of the accident scene and show the vehicle(s) with the following identification:

**Your Vehicle = IV**      **Third Party Vehicle(s) = TP1, TP2, TP3** (show registration numbers on next line)

TP1 Reg. No. \_\_\_\_\_ TP2 Reg. No. \_\_\_\_\_ TP3 Reg. No. \_\_\_\_\_

**Checklist:** Please show Street Names  Distances  Lines/Lane Markings  Traffic Signal/Signs

Position/Direction of your Vehicle  Position of other Vehicle/Property  Impact Point  Position of Witness

(freehand)

Road Conditions Wet  Dry  Sealed  Unsealed  Day  Dusk  Night  Dawn

Describe what the vehicle was being used for at the time

\_\_\_\_\_

Who do you believe was at fault and why?

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

Was there any admission of responsibility for the accident? Yes  No

If Yes, give details

\_\_\_\_\_

**Theft:** State where vehicle was stolen from

\_\_\_\_\_

Was the Vehicle locked? Yes  No

Were the keys duplicated? Yes  No

Where were the keys at the time?

\_\_\_\_\_

Who has each set of keys?

Was the Vehicle alarmed or fitted with an immobiliser? Yes  No  State which

If Yes, was alarm or immobiliser turned on? Yes  No

If not turned on, state reason

\_\_\_\_\_

Has the Vehicle been recovered? Yes  No

If Yes, by whom?

\_\_\_\_\_

Where recovered? (If recovered, please complete Damage Section of Claim Form)

\_\_\_\_\_

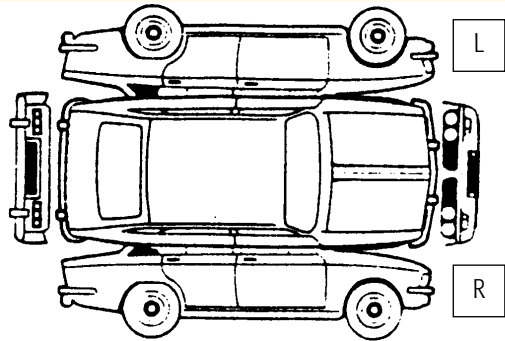
**Please Include Details of Last Person in Charge of Vehicle or Last Driver, in Driver's Section of Claim Form**

\_\_\_\_\_





Damage: Please show damage on vehicle using diagram to assist.



Interior  Engine  Undercarriage  All Over

Describe the damage:

Is the vehicle driveable? Yes  No

If vehicle towed, state by whom

Where can your Vehicle be inspected?

Please attach any quotes that have been obtained.

Police: Please state below whether the Police were notified.

No  State Reason

Yes  Name of Officer Police Station

Police Report No. Date

Did the police attend the scene? Yes  No  Were any charges laid or indications made of further action? Yes  No

Give details (who and what)

Witnesses: Were there any witnesses to the event? (If yes, please complete the following) Yes  No

Name Telephone No.

Address

Postcode

Where was the Witness?

Second Witness

Name Telephone No.

Address

Postcode

Where was the Witness?

Third Party Details: (Please complete the following if any other Vehicles were involved or other property damaged)

Vehicle Year Make Model

Body Type Registration No. Colour

Owner's Name

Address

Postcode

Home Phone No. Work Phone No. Mobile No.

Driver's Name

Address

Postcode

Home Phone No. Work Phone No. Mobile No.

Describe the damage to other vehicle or property

Name of Other Party's Insurance Company Policy No.

If you have received any demands or notices from anyone? Please submit with Claim Form.





**History:** Have you or the driver had any insurance or renewal of insurance declined or cancelled or special conditions imposed in the last 5 years? Yes  No

Give details

Have you or the driver been convicted of or had any fines or penalties imposed for any criminal offence? Yes  No

Give details

Have you or the driver had an accident or made a claim on a motor vehicle insurance policy in the last 5 years? Yes  No

Give details

Have you or the driver been convicted of or had any fines or penalties imposed for any driving offence (such as speeding, disobey traffic lights etc) in the last 5 years? Yes  No

Give details

If yes to any History questions, please give details

**Privacy:** The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we 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. You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 360 529 EST 9am-5pm, Monday-Friday and advise us of the changes.

**IDR Statement:** Disputes are not an everyday occurrence at Allianz. However we do 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 this process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

**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 acknowledge that I/we have read and understood the Privacy Act 1988 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, with their approval. I/we acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Allianz will be unable to process my/our claim.

Signature of Insured

Date

Signature of Driver

Date

