



MBJ Insurance Solutions | Authorised Representative No. 331416. Authorised Representative of Ausure Pty Ltd t/as Ausure Insurance Brokers ACN 096 971 854 | Licence No: 238433

Motor Vehicle Claim Form

The issue or acceptance of this form is not to be construed as an admission of liability on the part of the Company.

Please provide complete details to the questions asked on this form.

1. Your Details

| | |
|---------------|-------------|
| Policy Number | Expiry Date |
| | |

| |
|-----------------|
| Name of Insured |
| |

| |
|----------------|
| Postal Address |
| |
| Post Code |
| |

| |
|--------------|
| Contact Name |
| |

| | |
|-------------------|----------------------|
| Home Phone Number | Work / Mobile Number |
| | |

2. Goods and Services Tax (GST)

Are you registered for GST? Yes No

If yes, provide your A.B.N. number:

Please provide details of your GST Status:

Not entitled to Input Tax Credit

Entitled to % Input Tax Credit

3. Your Vehicle

| | | | |
|---------|------|------|-------|
| Details | Year | Make | Model |
| | | | |

| | |
|-----------|---------------------|
| Body Type | Registration Number |
| | |

Is the vehicle under finance contract? Yes No

If yes, provide name of financier Contract Number

Prior to this incident was the vehicle in a damaged or unsafe condition? No Yes

If yes, provide details

4. Incident Details

| | |
|--------------------|------|
| Date of Occurrence | Time |
| | |

Where did incident occur?

State

Please describe what happened

What purpose was your vehicle being used for?

Speed of vehicle at the time of incident

What were the weather conditions at the time of the incident?

Were your headlights on? No Yes

Were the indicators flashing? No Yes

What was the condition of the road? Smooth

 Rough Dry Wet

How far from the point of collision were you when you saw the other vehicle?

5. Driver of Insured Vehicle

Name of person driving your vehicle

Address

State

Home Phone Number

Work / Mobile Number

Licence Number

Expiry Date

Date of Birth

Licence held for

/ / 19

Years

What is the relationship of this person to the insured?

Was the vehicle being used with permission? No Yes Had the driver consumed any alcohol or taken any drug in the 12 hours before this incident? No Yes

If Yes, provide details

Is it alleged that any person involved in this incident was under the influence of alcohol or a drug? No Yes If yes, details**6. Police**

Have you reported the incident to police?

No Yes . Provide details:

Police Station:

Date & time reported:

Police report number:

Was either driver required to undergo a breath test? If so, who was tested and what was the result?

Did the police charge any driver? No Yes

If Yes, who was charged and what was the charge?

7. Other PartiesWas another party involved this incident? No Yes

If yes, please provide details.

Owner's Name:

Address:

Post Code

Phone Number:

Driver's Name:

Licence No:

Age:

Address:

Post Code

Phone Number:

Third Party vehicle details:

Year :

Make:

Model:

Registration No:

Name of Insurer:

Please describe the damage sustained by this vehicle

Who do you consider responsible for this incident?

Why do you consider this person responsible?

8. Witnesses

Name

Address

Post Code

Phone Number

9. History

Have you or the driver of your vehicle in the last 5 years:

- had a motor vehicle claim? No Yes

- been refused insurance? No Yes

- been charged/convicted of a driving offence? No Yes

If you answered Yes to any of the above provide details:

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10. Damage to your vehicle

Please describe the damage sustained:

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11. Accident Diagram

Please provide a sketch indicating the scene of the accident. Use arrows to show the directions in which each vehicle was travelling.

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12. Repairer Name and Address Details

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| |

13. Claims Procedure

What you need to do:

- Take every reasonable precaution to safeguard and prevent further loss or damage to your vehicle;
- Notify the police as soon as possible if the incident involves theft, attempted theft, malicious acts, or a collision;
- Notify us as soon as possible about the claim;
- Assist us to manage the claim. This may include us inspecting your vehicle, interviewing you, or you providing written statements to us under oath;
- Allow us to inspect your vehicle or any other damaged property that is the subject of a claim;

You must not:

- Admit guilt, fault, or liability (except to the Police);
- Approve any repairs or arrange replacements (other than emergency repairs reasonably necessary to protect your vehicle against further loss or damage);
- Dispose of any damaged property.

14. Declaration

1. 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.

| | | |
|-----------|--------------------|------|
| Insured/s | Driver's Signature | Date |
|-----------|--------------------|------|