

MOTOR VEHICLE CLAIM FORM

IMPORTANT NOTE

THIS FORM MUST BE COMPLETED BY THE POLICYHOLDER

(If there is not enough room on this form for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete).

To ensure that repairs are underway quickly, you should obtain a minimum of two quotes from repairers, one of whom we recommend. A list of recommended repairers closest to you is available from us.

The quotations together with the completed claim form should be forwarded to us as soon as possible and we will arrange for our assessor to inspect the damage. Provided the policy and claim form are in order, repair work will be authorised without delay.

The information provided below may answer some of the questions which could arise following your claim:

- The excess must be paid to the repairer when you collect your car unless prior arrangements have been made with us. This must be paid even if you were not at fault. If the accident was clearly someone else's fault, we will take recovery action against the person responsible for the accident and will include the amount of your excess. In the case of third party only cover, the excess must be paid to your Insurer at the time of submitting your claim.
- Your no claim discount will not be affected provided you are able to prove that some person other than you or the driver of the insured vehicle was totally responsible for the accident and you are able to advise us of the name and address of that person.
- If the other party involved in the accident has stated that you are being held responsible for the damage to the other vehicle or property, you should indicate that you will be lodging a claim with us and that any demands for compensation will be handled by your Insurer. Do not admit liability or make any offers or promises of payment without our consent.
- If you receive a letter of demand and a quotation and/or account for the repairs to another person's vehicle or property, you must send this correspondence to us immediately. Any delays could result in additional costs.
- Even if you feel you were not responsible for the accident, do not ignore letters of demand from the other party. Any correspondence from the other party should be forwarded to us. If you fail to act on the other party's letter of demand, it may result in a summons being served on you. If this happens, you must contact us immediately.
- If you feel the repairs to your vehicle are unsatisfactory, you should discuss the problem with the repairer. If you are unable to reach agreement, then contact us.

If you have any problems during the period of your claim, please contact us and quote your claim number if you know it. We assure you of prompt attention to any queries you may have.

YOUR PRIVACY

The Privacy Act 1988 requires us to make the following disclosure before collecting personal information about you:

- We collect personal information in order to provide our broking services including assistance with insurance claims. We will ask you to supply personal information on this form so we can assist you to submit your insurance claim and have it considered by the insurer. We will disclose this information to the insurer for this purpose.
- If the personal information is not provided, the insurer may not be able to assess and pay the claim and we may not be able to assist with your claim.
- We and the insurer may disclose the personal information to other people involved in reviewing the claim, including reinsurers, other insurance intermediaries, the insurer's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process.
- Your information will be disclosed to organisations overseas if your policy is underwritten by an overseas insurer. If your insurer is overseas, information about where the insurer is located is set out below:

Further information about how to access the personal information we hold about, have it updated or corrected or how to make a complaint about how your personal information is in our Privacy Policy on our website: <http://www.pauldonnellybrokers.com.au/privacy-policy/>

CONTACT US

You can contact our Privacy Officer using the details below:

Privacy Officer – Samantha Donnelly
Paul Donnelly Insurance Brokers Pty Ltd
Mail: PO Box 97, Berowra NSW 2081
Location: Suite 1, Jubilee Towers, 107 Pacific Highway, Hornsby NSW 2077
Tel: 02 9482 7422 Fax: 02 9482 7462
Email: pdib@pauldonnellybrokers.com.au

Claim Number:

1. DETAILS OF POLICY HOLDER

Full Name(s) of Insured:

Address of Insured:

Contact Telephone Numbers:

Mobile

Business Hours

After Hours

Email

Insurer:

Policy No:

Expiry Date:

For what Purpose is the vehicle being used ?

2. INSURED VEHICLE

Make & Model of Vehicle:

Body Type:

Year of Manufacture :

Registration Number :

Engine Number :

Vin Number :

Expiry Date of Registration :

**Name & address of Finance Company
(if applicable)**

Have there been any engine, body or transmission modification from the manufacturer's original specifications or any accessories added ?

YES

NO

If yes, please give details

3. DRIVER (PLEASE COMPLETE THESE DETAILS IN RESPECT OF THE PERSON IN CHARGE OF THE VEHICLE AT THE TIME OF THE ACCIDENT)

Full Name of Driver:	
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Address :	
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Occupation :		Gender :	
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Date of Birth :		How long has the driver Held a motor vehicle drivers licence?	
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Drivers Licence Number:		Expiry Date of Licence :		State of Issue :	
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Was the vehicle being uses with the full knowledge and consent of the Policy Holder	<input type="checkbox"/> YES <input type="checkbox"/> NO
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What is the relationship of the Driver to the Policy Holder	<input type="checkbox"/> Self	<input type="checkbox"/> Relative	<input type="checkbox"/> Employee	<input type="checkbox"/> Friend	<input type="checkbox"/> Other	<i>If other, please Describe</i>
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Have you (the Policy Holder) or the driver of the vehicle at the time of the accident :
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i	Been involved in any previous motor vehicle accident in the last 5 years	<input type="checkbox"/> YES <input type="checkbox"/> NO
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ii	Been charged with any offence in relation to the use of a motor vehicle in the last 5 years	<input type="checkbox"/> YES <input type="checkbox"/> NO
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iii	Had any insurance declined or cancelled, been refused renewal of an insurance or had special terms imposed in the last 5 years	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If yes to any of the above, please provide details









Name	Date	Details (name of Insurance Company, details of charges etc)

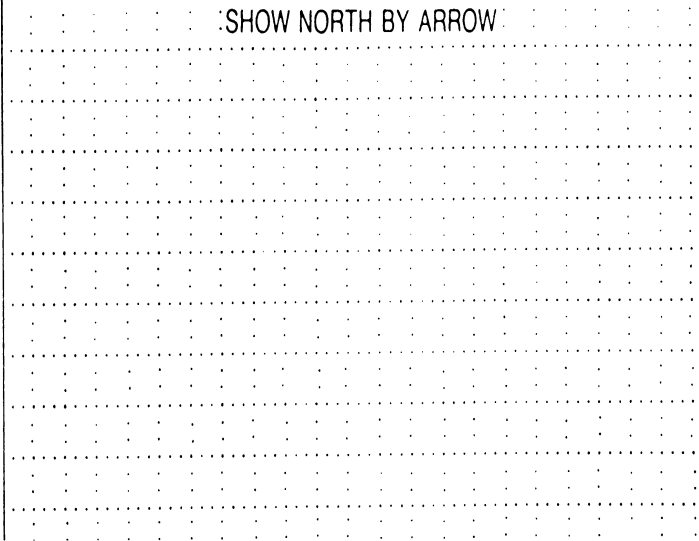
Please draw a sketch showing position of all vehicles and pedestrian at the time of the accident :

Please draw Sketch showing position of all Vehicles and Pedestrians at the time of the accident. Show also position of all Traffic Lights, Signs, and Pedestrian Crossings.

SHOW NORTH BY ARROW

SYMBOLS

- | | | | |
|---------------------|---|----------------|---|
| Street Intersection |  | Pedestrians |  |
| Curved Street |  | Stop Sign |  |
| Your Vehicle |  | Give Way Sign |  |
| Other Vehicle |  | Traffic Lights |  |



Did the driver suffer any Injury :

YES NO

If yes, was medical attention required :

YES NO

If yes, please provide name and address of doctor or hospital

Please indicate Insured Vehicles Speed immediately prior to accident :

Stationary Under 30 km/h 30-60 km/h
 60-80 km/h 100 km/h Over 100 km/h

Please indicate Other Vehicles Speed immediately prior to accident :

Stationary Under 30 km/h 30-60 km/h
 60-80 km/h 100 km/h Over 100 km/h

Was the Vehicle towed from Scene of accident ?

YES NO

Did you authorise this towing ?

YES NO

Where can the vehicle be Inspected?

(If at a repairer's premises please advise name, address of repairer and contact number)

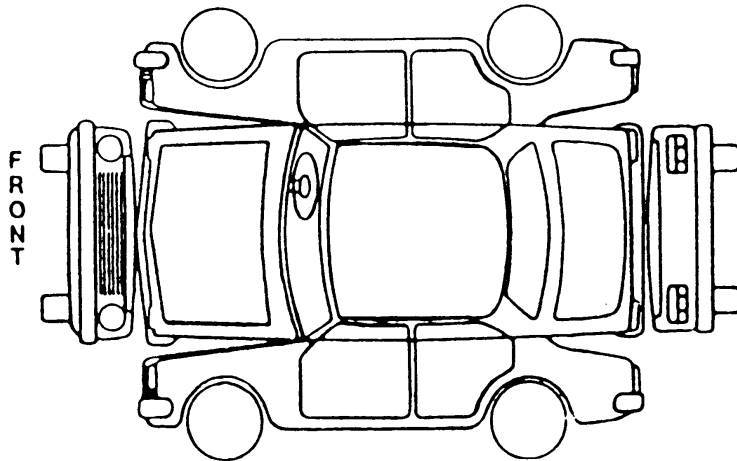
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Estimated Cost of Repairs: (including parts)

\$

Repair Quotation Number: (if you have it)

Please indicate areas of damage to Insured Vehicle:



6. POLICE

Date Reported to Police :

/ /

Time of Reported to Police :

am/pm

Did the Police attend the Accident ?

YES NO

If yes, please provide details

Police Station :

Name of Police Officer:

Did the Police indicate which driver was at fault	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<i>If yes, please provide details</i>	
Name of driver charged or cautioned	
Nature of charge or caution	

7 OTHER PARTIES

Please Complete this section if any other Vehicles or Property Involved

If more than one Third Party involved, please provide details on a separate sheet

Number of other Vehicles Involved :	
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Owner's name, address and contact number :	
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Licence Number :		Age :	
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Make and Model of Vehicle :	
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Registration Number :	
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If Driver is not the Owner, the Drivers name, address and contact number :	
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Please give particulars of damage to the other party's vehicle &/or property :	
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8 Witness(es)

Passengers in Insured Vehicle	Name(s)	Address(es) including contact number

Independent Witness(es)	Name(s)	Address(es) including contact number

9. ABN DETAILS

Are you a Registered Business? :	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Please advise your Australian Business Number [ABN]:	
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What Percentage of GST in your Premium did you Claim as an Input Tax Credit for the Period of Insurance in which this Loss occurred:	%
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4. DECLARATION

I declare that the above statements are true, that I have not suppressed or mis-stated any facts. I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify

[Company Name]

in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Full Name of Claimant(s): PLEASE USE BLOCK LETTERS	
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Driver Signature(s)		Dated :	
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Signature(s)		Dated :	
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Payment Details for Electronic Funds Transfer (EFT) of Claim Settlement Should your claim be covered by the terms and conditions of your policy with us, we require you to complete the following fields in order for us to make payment on the claim.

By supplying this information you are directing us to make any payments in this claim to the account nominated below until you notify us in writing otherwise. We collect, use and disclose your personal information in accordance with privacy legislation and our Privacy Policy.

If you wish to obtain further information about how your personal information is being handled by us, please advise us when returning this form to the email address shown below.

In order to avoid delays in payment processing, please ensure the details provided in this form are accurate

4. BANK DETAILS

Account Number :		BSB Number :	
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Account Name:		Name of Bank :	
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Email for Payment Advice Notification : This is the address we will email when payment has been made	
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