

Motor Vehicle Claim Form

Motor

Private

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

Claim Number

Name of Insured _____
 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 _____

Motor

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

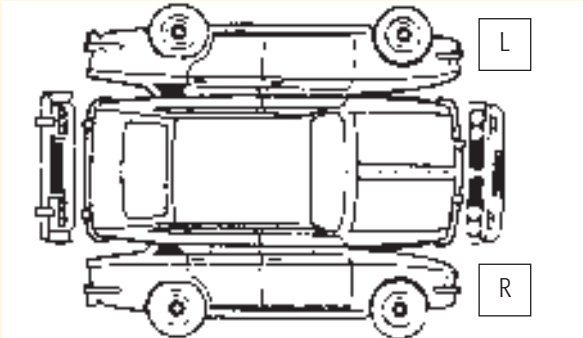
Has the Vehicle been recovered? Yes No

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 <input type="checkbox"/> Engine <input type="checkbox"/> Undercarriage <input type="checkbox"/> All Over <input type="checkbox"/>
	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