

Please complete in full all sections of this claim form and return it to Insuret as soon as possible after the accident. Unless specifically arranged beforehand, no repairs or alterations to the damaged vehicle should be made until approved by Insuret.

Your Privacy

- We need personal information about you to assess your claim. We will, where relevant, disclose your personal information (other than sensitive information such as health information) to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters and investigators), other insurers, insurance reference bureaus and our business partners for this purpose;
- Where relevant, to assess your claim we will also disclose personal information, including sensitive information about you such as health information, to medical practitioners, other health professionals, other insurers and reinsurers, legal representatives, and other consultants. By signing this claim form, you consent to those organisations and other professionals collecting, and us disclosing sensitive information about you for this purpose;
- If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not accept the claim;
- We may also disclose personal information about you where we are required or permitted to do so by law; in most cases, on request, we will give you access to personal information we hold about you;

The Insured

Business name _____ Policy number _____

Nature of business _____ ABN _____

Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged? Yes No

Will you be claiming an amount less than 100%? Yes No Specify percentage to be claimed if less than 100% _____

Contact name _____ Contact number _____

Contact email address _____

The Insured Vehicle

Year _____ Make _____ Model _____

Reg number _____ Chassis or VIN number _____

Registered owner _____

Address where vehicle is usually parked _____ Postcode _____

Is the vehicle under a finance agreement? Yes No

Name of financier _____

Driver Details (only applicable if the insured vehicle was being driven at the time of the accident)

Full name _____

Email _____

Is the driver an employee? Yes No If not, state relationship _____

Licence number _____ Expiry date _____ Date of birth _____ Class of licence _____

State/ Country _____ No. of years this class of licence has been held _____

In the last 3 years has the driver had a licence cancelled, disqualified or suspended? Yes No

In the last 5 years has the driver had any criminal convictions and/or any drink or drug driving convictions? Yes No

In the last 3 years has the insured and/or driver made two or more motor insurance claims? Yes No

If yes to any of the above please provide details: _____

What was the purpose of the journey at the time of loss? _____

Details of Loss

Date _____ Time _____ am/pm

Location of loss/accident _____

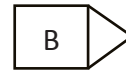
Please provide a complete and clear description of the loss/accident _____

Please draw a plan of the accident. Show the nearest cross street; centre of the roadway; direction and location of vehicles. It is important to detail all road signs and marking and width of road.

Indicate your own vehicle as



Indicate any other vehicles as



Who do you consider was at fault?

Driver named above Other Driver Other _____

Why? _____

Road surface Sealed Unsealed Off road

Weather conditions at time of loss? Dry Wet Fog Ice/snow Other _____

Visibility at time of loss? Daytime – Clear Poor Night time – Clear Poor Dusk Dawn

Were there any witnesses to the accident? Yes No

If Yes, please provide names and contact details _____

Has this accident/loss been reported to the police? Yes No

Date reported _____

Did the police attend? Yes No Police report number _____

Name or number of Police officer(s) _____

Did the driver drink any alcohol or take any drugs in the 24 hours prior to the accident? Yes No

Details _____

Did police submit the driver to any alcohol or drug test? Yes No

Details _____ What was the reading? _____

Did police charge any driver or indicate that any action may be taken in relation to the incident? Yes No

Details _____

Damage to your Vehicle

Was the vehicle damaged in the accident? Yes No

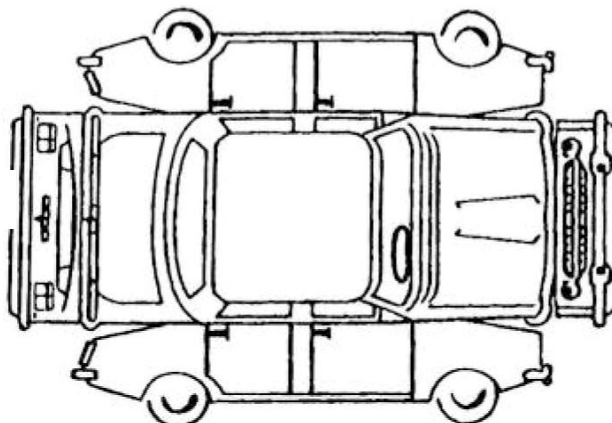
Was your vehicle towed away? Yes No

If Yes, where is the vehicle currently located? _____

Where do you intend having your vehicle repaired? (attach quote) _____

Shade In Damage To Vehicle,
Indicate Point of Impact (X)

REAR



FRONT

Driver/owner of other Vehicle

Full name _____

Name of owner if different _____

Address _____

Mobile number _____ Date of birth _____ Drivers licence number _____

Other Vehicle

Year _____ Make _____ Model _____

Reg number _____ Colour _____

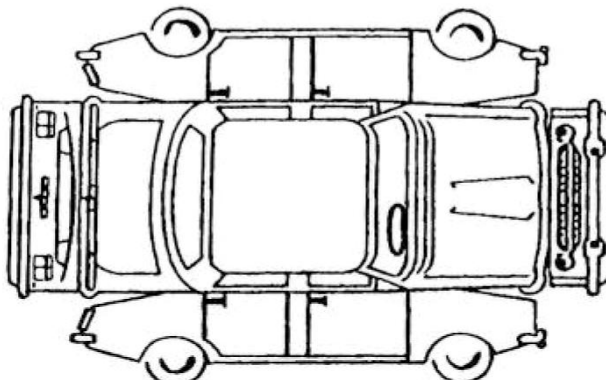
Name of insurer _____

Was the vehicle towed away? _____

Damage to other Vehicle

Shade In Damage To Vehicle,
Indicate Point of Impact (X)

REAR



FRONT

****Please copy this page and attach if more than 1 other vehicle/driver was involved**

