



# Recreational Vehicle Claim Form

Insuret Pty Ltd  
ABN 42 126 793 379

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The issue or acceptance of this form is not an admission of liability on the part of the Company.  
Please provide detailed answers. If there is insufficient space for your answers please use the Additional Information section.

## 1. Your Details

Policy number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact name: \_\_\_\_\_

Contact number: \_\_\_\_\_

## 2. Goods and Services Tax (GST)

Are you registered for GST No  Yes  If yes, provide your A.B.N: \_\_\_\_\_

## 3. Your Vehicle Details

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Body type: \_\_\_\_\_

Registration number: \_\_\_\_\_ VIN: \_\_\_\_\_

Is the vehicle under finance contract? No  Yes

If yes, provide name of financier: \_\_\_\_\_ Contract number: \_\_\_\_\_

Was your vehicle towing another vehicle or being towed by another vehicle at the time of incident?

No  Yes  If yes, provide details: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Body type: \_\_\_\_\_

Registration number: \_\_\_\_\_ VIN: \_\_\_\_\_

Is the towed/towing vehicle owned by you? No  Yes

Is the towed/towing vehicle covered by this insurance? No  Yes

Is the towed/towing vehicle damaged? No  Yes

If yes, provide vehicle details: \_\_\_\_\_

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

If yes, provide details: \_\_\_\_\_

**4. Incident Details**

Insured driver's name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact number: \_\_\_\_\_

Licence no: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of occurrence: \_\_\_\_\_ Time: \_\_\_\_\_

Where did incident occur? \_\_\_\_\_

\_\_\_\_\_

Please describe what happened: \_\_\_\_\_

\_\_\_\_\_

Speed of vehicle at the time of incident: \_\_\_\_\_

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 A

Indicate any other vehicles as B

**5. Police Details**

Have you reported the incident to police? No  Yes  If yes, provide details

Police station: \_\_\_\_\_ Date & time reported: \_\_\_\_\_

Police report number: \_\_\_\_\_

Was any 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: \_\_\_\_\_

**6. Other Parties**

Was another party involved this incident? No  Yes  If yes, provide details

Driver's name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact number: \_\_\_\_\_ Licence no: \_\_\_\_\_

DOB: \_\_\_\_\_

**7. Third party vehicle details (if additional vehicles please supply on separate sheet)**

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Registration number: \_\_\_\_\_

Name of Insurer: \_\_\_\_\_

Please advise the extent of damage sustained by this vehicle: \_\_\_\_\_  
\_\_\_\_\_

Who do you consider responsible for this incident? \_\_\_\_\_

Why do you consider this person responsible? \_\_\_\_\_

**8. Witnesses**

Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Address: \_\_\_\_\_

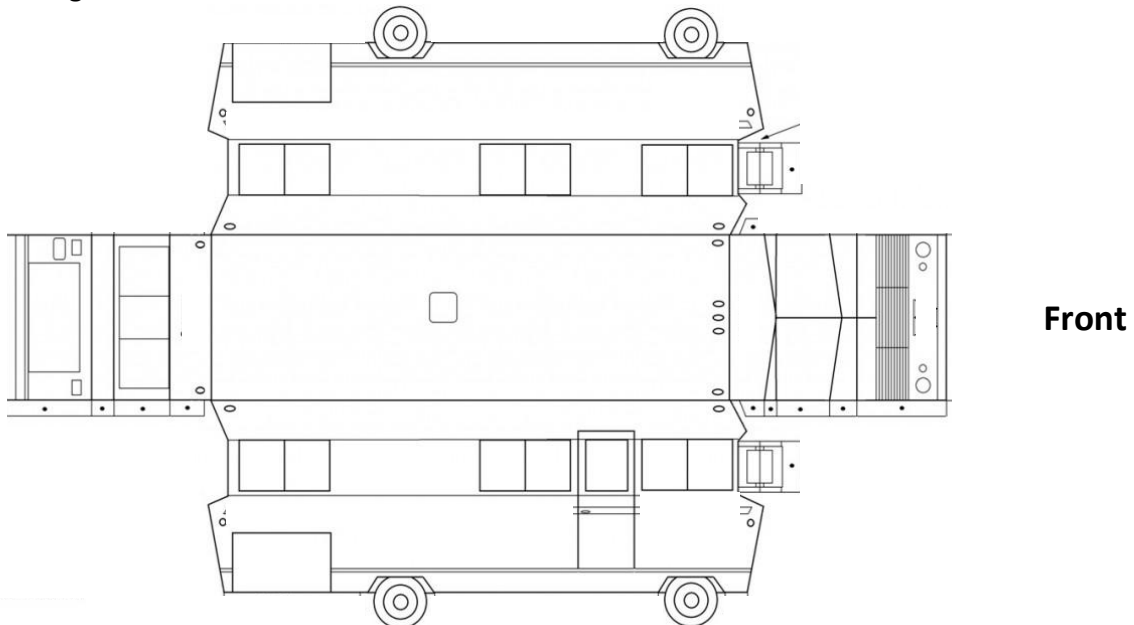
**9. Your History**

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

- had a motor vehicle claims? No  Yes
- been refused Insurance? No  Yes
- been charged/convicted of driving offence? No  Yes

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

**10. Damage to insured vehicle**



**ADDITIONAL INFORMATION** – Please use this area to provide any additional details in relation to this incident

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**11. 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 at the maximum of \$1,000 reasonably necessary to protect your vehicle against further loss or damage);
- Dispose of any damaged property.

**12. Declaration**

1. I/We will notify Insuret Pty Ltd immediately where this claim is for a lost or stolen vehicle and it is found.
2. 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.
3. I/We authorise Insuret Pty Ltd to give to, or obtain from, other insurers or any insurance reference bureau, any information relating to this claim or any other claim made by me/us or any insurance held by me/us.

Insured/s Signature: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_

Date : \_\_\_\_\_