

MOTOR VEHICLE CLAIM (NON THEFT)

The issue of this form does not constitute an admission of liability on the part of the insurer.

Please complete all sections. **IMPORTANT** Attach one quotation from repairer.

Policy Number Claim Number

THE INSURED

Business Name

Address

State Postcode

Are you registered for GST? yes no

What is your ABN?

Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the policy? yes no

If yes, will you be claiming an amount less than 100%? yes no

Specify amount claimed %

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

If yes, will you be claiming an amount less than 100%? yes no

Specify amount claimed %

Business Phone

Private Phone

Fax Number

Mobile Phone

VEHICLE DETAILS

Make Year Rego No.

Model Colour Odometer

Registered Owner

Address

State Postcode

Name of Lender

Address

Account Number

DRIVER DETAILS

Business Name

Address

State Postcode

Business Phone

Private Phone

Fax Number

Mobile Phone

Relationship to Insured

Licence Number

Expiry Date

Date of Birth

How many years has driver been licensed for this type of vehicle?

Did the driver drink any alcohol or take any drugs in the 24 hours prior to the accident? If yes, give details. yes no

Did the driver undergo a breath test, breath analysis or blood test? yes no

If yes, what was the reading? Please attach copy of the certificate

INCIDENT DETAILS

Date Day Time am
pm

Where did the incident happen?

Street Suburb Nearest Cross Street

Road Surface Dry Wet Loose

At the time of the accident the insured vehicle was Parked Stationary Moving Speed

Traffic controls None Stop sign Traffic lights Roundabout Give way sign Other

Number of other vehicles involved

If applicable, what type of goods were being transported at time of loss?

What happened?

Who was at fault?

Sketch Diagram of Accident

1. Name streets

2. Indicate direction of travel

3. Your vehicle

4. Other vehicle

DAMAGE TO YOUR VEHICLE

Are you claiming for the damage to your vehicle? yes no

Was the vehicle towed? If yes, give details. yes no

Name of tow company

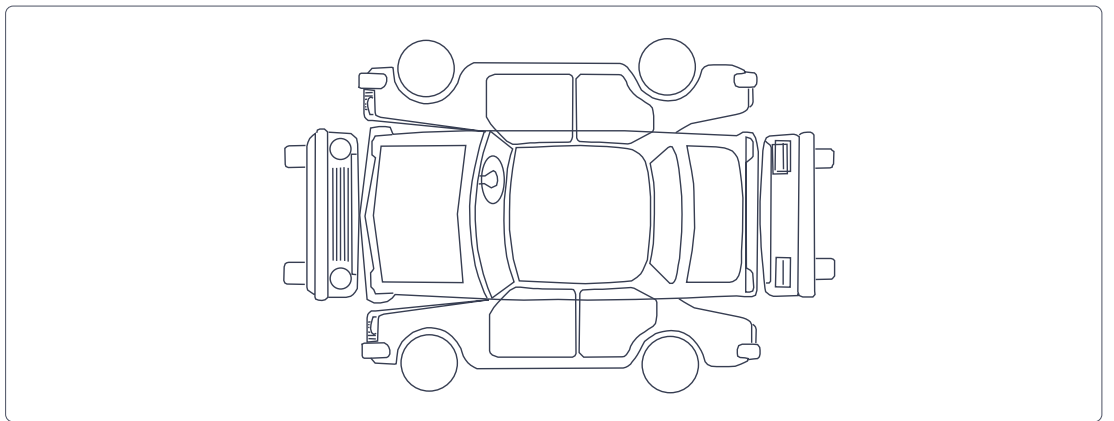
Where was it towed? Distance towed (klms)

Where is vehicle now?

Sketch Diagram

Shade in damage to vehicle

Indicate point of impact (X)



OWNER OF OTHER VEHICLE

Business Name

Address

State Postcode

Business Phone Private Phone

Insurance Company Policy Number

DRIVER OF OTHER VEHICLE

Name

Address

State Postcode

Date of Birth Drivers Licence

Business Phone Private Phone

Was the owner in the vehicle at the time of the accident? yes no

If there is more than one other vehicle involved, please attach details.

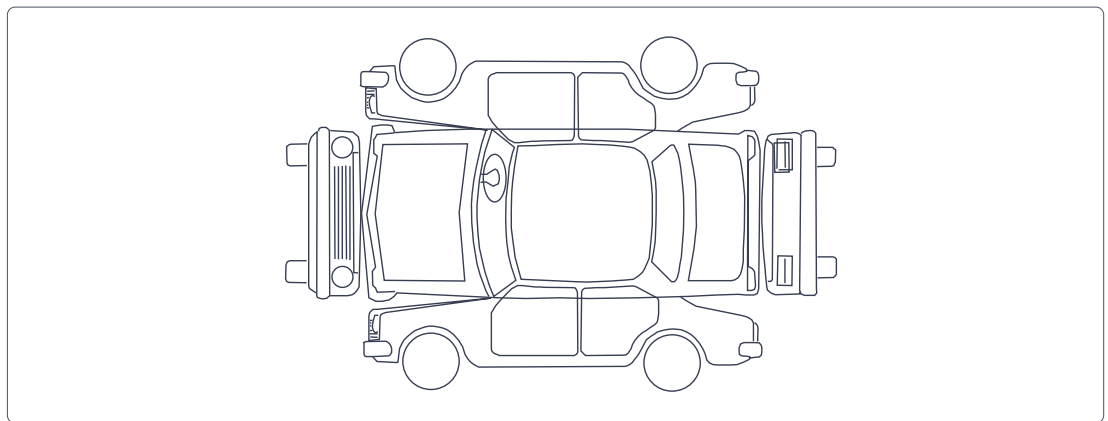
OTHER VEHICLE

Rego No Year of Manufacture Make of Vehicle

Model Colour

DAMAGE TO OTHER VEHICLE

Sketch Diagram
Shade in damage to vehicle
Indicate point of impact (X)



OTHER PARTIES

Give details of pedestrians, owners of property or owners of animals involved

Name

Address

State Postcode

POLICE

Did police attend the accident scene? yes no or did you report the incident to the police? (give details) yes no

Name Rank

Station

Date of Report **Please attach a copy of the police report.**

Name of person to be charged or cautioned

Nature of charge or caution

WITNESS(ES) DETAILS

Business Name

Address

State Postcode

Business Phone Private Phone

Was the witness in the insured vehicle? yes no

WITNESS(ES) DETAILS (Continued)

Business Name
Address
State Postcode
Business Phone Private Phone
Was the witness in the insured vehicle? yes no

OWNERS(S) AND DRIVER HISTORY

In the last 5 years have you as owner or the driver of this vehicle:

- 1. Had an insurance refused, declined or cancelled by an insurer or any special conditions imposed? yes no
- 2. Been convicted or charged with:
 - a. Drug use, driving under the influence, or exceeding Prescribed Concentration of Alcohol? yes no
 - b. Any driving offences or speeding infringements? yes no
 - c. Fraud, arson, theft or any other criminal act? yes no
- 3. Had a drivers or motorcycle licence cancelled, suspended or endorsed? yes no
- 4. Had a claim or accident? yes no
- 5. Had a car stolen or burnt out? (Include any not reported or not claimed from an insurer) yes no
- 6. Suffered or suffer from impaired eyesight (excluding wearing of glasses), loss of or use of any limb or loss of hearing or from any physical defect or epileptic, diabetic, heart or mental condition? yes no

If you answered yes to any of the above, please provide details below.

Name of Driver	Date of Incident	Details	Your Insurer	Person at Fault
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If there is insufficient space, please attach a sheet with the relevant information.

PRIVACY

The ACE IRM Privacy Policy explains what sort of personal information we collect and hold about you and what we do with that information. Please contact us for a copy of our Privacy Policy or visit our website www.aceirm.com.au

DECLARATION AND AUTHORISATION

The information and answers given above are true and complete in every detail.

I understand the claim may be refused or reduced if information is withheld.

I authorise that ACE IRM Insurance Broking Group Pty Ltd give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of Insured 1. Date
Signature of Insured 2. Date

Please check that this form has been fully completed as any omissions may delay your claim.