

Repair Quotation

[] []

At which repairer may damaged vehicle be inspected?

Phone No.

[]

Is vehicle at repairers?

No [] Yes []

If not, when will it be available for inspection at repairers?

[]

5. Driver Details

Insured's name

[]

Address for reply

Postcode

[] [] [] []

Licence No

Class

Expiry Date (dd/mm/yyyy)

Date of Birth (dd/mm/yyyy)

[] [] [] []

Is License, Permit Provisional or Full

Date Original issued (dd/mm/yyyy)

[] []

Was the driver:-

(a) a paid employee of the insured? No [] Yes [] (b) driving with the knowledge and consent of the insured? No [] Yes []

If not employed by insured state:

Employer's name

Where employed?

[] []

Brief details of previous accidents and convictions

[]

Was intoxicating liquor or drugs consumed by the driver within 12 hours of the accident? No [] Yes []

If so state how much and when

[]

Was driver sober at the time of the accident? No [] Yes []

Was the driver required to undergo a breath or blood test or analysis? No [] Yes []

If so what was the result of the breath or blood test or analysis?

[]

State particulars of any other Motor Vehicle Policy held by the owner or driver of insured's vehicle

[]

6. Accident Details

State clearly how and where accident happened

[]

Details of operator's experience on similar machines

[]

6. Witness Details

Were there any witnesses to the accident? No Yes

If yes, please state their name and address.

Witness name

Address

Postcode

If more than one attach details of others.

7. Damage Details

Briefly describe damage to the insured machine/vehicle

Was the machine being used in accordance with all of the manufacturer's guidelines and instructions?

No Yes

Were all legal requirements and relevant workplace health and safety regulations complied with?

No Yes

If you answered No to either of the above two questions, please give full details.

Did workcover attend?

No Yes

7. Third Party Details

The other vehicle

Was another vehicle involved?

No Yes

Make

Type

Reg no.

Owner's name

Address

Postcode

Driver's name

Address

Postcode

Damage to other vehicle

Important: With what company is the other vehicle insured "Comprehensively"?

Particulars of accident. (Plan on next page is also to be completed)

Exact purpose for which the insured vehicle was being used at time of accident.

If a goods vehicle, state weight and nature of load.

If after sundown what lights were alight?

On your vehicle

On other vehicle

Was your vehicle on the correct side of the road? No Yes

Was the roadway wet or dry?

Estimated speed at time of impact

Your vehicle

Other vehicle

Estimated speed 50 yards before impact

Your vehicle

Other vehicle

Were all traffic regulations being observed by driver? No Yes

Responsibility for accident

What remarks bearing on the cause of the accident made by other driver?

Who do you consider at fault and why?

Did you admit fault or liability? No Yes

Did other driver? No Yes

Has any claim, verbal or written, been made upon you No Yes

If so, give full details

Note - All written communications received must be forwarded at once to this office unanswered.

Reporting to police

Has the accident been reported to the police? No Yes

Police station to which reported

If known

Is any police action pending? No Yes

If so, what and against whom

Who do police consider responsible for accident?

Sketch diagram of accident: Indicate direction and location of vehicles, also point of collision

Any damage to other property (*not motor vehicle*) No Yes

If yes, please provide description of property and damage:

Owner's name

Address

Postcode

With regards to property damage, has any estimate of costs become available? No Yes

Estimate

8. Third Party Personal Injury Details

Injuries to persons

Give as far as possible, their names and addresses, particulars of injuries, whether passengers or pedestrians, and name of hospital which treated them

Has a report of injury and/or property damage been made to you by a third party? No Yes

If yes, what is their name

Date of notification (dd/mm/yyyy)

Has a claim ben made by you, either verbally or in writing? No Yes

If yes, please include any Third Party correspondence.

Have you admitted liability to any other party for property damage or injury? No Yes

If yes, to whom and for what reason?

All written communication received from third parties must be forwarded at once to this office. Do not correspond with the third party.

9. Stolen Machine Details

Is the vehicle subject to any finance or leasing agreement? No Yes

Name of company

Account no.

Amount Outstanding

\$

Date of last payment made (dd/mm/yyyy)

From whom was the machine purchased?

Purchase price

\$

Date of purchase (dd/mm/yyyy)

Was an anti-theft device fitted? No Yes If yes, please give details

Make of device

Was it activated? No Yes

Was the machine locked? No Yes Were the keys removed? No Yes

How many sets of keys are there to the vehicle?

Did you ever try to sell the vehicle before its theft? No Yes If yes, please give details

List all the extras fitted to the vehicle and any distinguishing features or markings.

List all modifications made to the vehicle other than standard manufacture.

Where was your machine at the time of the theft? *(Be specific e.g. car park, on the street.)*

When was the vehicle parked there? *(dd/mm/yyyy)*

Why was the vehicle parked there?

Name of person in charge of the vehicle at time of theft

Postal address

Postcode

To which police station was the theft reported?

Date *(dd/mm/yyyy)*

Time

am/pm

File no.

Officer's name

Have you made a previous theft claim?

No

Yes

If yes, please give details

Space for additional information

Please attach or keep all invoices/receipts and photographs to support your claim. Do not destroy or otherwise relinquish possession of damaged parts to support your claim.

10. Declaration and Signature

I/we certify that the information given in this claim 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 in whole if the information is untrue, inaccurate or concealed.

Signature

Dated *(dd/mm/yyyy)*