

# Motor Vehicle Claim Form



# Motor Vehicle - Claim Form

The Issue of this form is not an admission of Liability.

**PLEASE COMPLETE THIS CLAIM FORM AND ENSURE THAT YOU SIGN THE DECLARATION AT THE END OF THIS FORM**

JLT contact/ref  Insurer  Policy No.  Excess

**INSURED'S DETAILS**

1. Name of Insured

2. Postal Address

Postcode

3. Contact Name  Telephone No.

E-mail Address:  Facsimile No.

4. If more than one named insured is claiming for this loss, please answer this question for each insured on a separate page

(a) Are you registered for GST purposes? (Tick box applicable) YES  NO

If YES, what is your Australian Business Number (ABN)?

(b) Have you claimed or are you entitled to claim an Input Tax Credit (ITC) on your monthly or quarterly Business Activity Statement to the Australian Taxation Office in respect to the GST paid on the insurance policy under which this claim is being made? YES  NO

If YES, what percentage of the GST did you claim or are you entitled to claim?  %

(if the GST paid and your ITC entitlements are the same amount, the answer to this question is 100%)

**NB: Insurers cannot settle your claim without the above information and, if you fail to advise the availability of an ITC or understate its availability, you may have a liability to pay tax on the claim payment. If you have any queries, please see your tax adviser**

**FOLLOWING CLAIM ACCEPTANCE BY YOUR INSURER, PLEASE ADVISE PREFERRED METHOD OF PAYMENT**

Cheque  Direct Payment  If you selected Cheque, nominate payee

If you have selected Direct Payment please supply the following information (alternatively supply a deposit slip noting the following information)

Bank  Account Name

Branch Number  Account Number

**LOSS OR DAMAGE DETAILS**

5. Date of event  at  a.m.  p.m.

6. Where did event occur?

7. How many vehicles were involved in the accident (including your own)

8. a) Speed of your vehicle At the moment of impact  Before Emergency Arose

b) Speed of the other vehicle At the moment of impact  Before Emergency Arose

9. What was the road surface like? Wet  Dry  Loose



Traffic Controls None  Traffic Lights  Give Way Sign  Stop Sign  Roundabout  Other

If 'other' please specify

### LOSS OR DAMAGE DETAILS

10. How did the loss or damage occur? Please provide all the facts, even if they are not in your favour


#### SKETCH DIAGRAM OF ACCIDENT

1. Name
2. Indicate direction of travel
3. Your vehicle 
4. Other vehicle(s) 

Name the streets, indicate directions travelling with arrows, show point of impact, show existence of any road signs at intersections.

11. (a) Who, in your opinion was to blame for the accident?

(b) Why?

### VEHICLE DETAILS

12. Year of Manufacture

Body Type

Vehicle Make and Model

Registration No

Engine No

No of cylinders

VIN. No

13. Please list all accessories or other equipment which has not been fitted by the vehicle manufacturer


14. Is Vehicle subject to Finance?

YES

NO

If yes, give details

### DRIVER'S DETAILS

15. Name

Address

Date of Birth

Driver's licence No

Classes

c) Driver's relationship to Insured if not employee.

YES

NO

Expiry Date of Licence

Years held

**DRIVER'S DETAILS**

16. Has the driver had any accidents, traffic convictions and/or penalties in the last 5 years? YES  NO

If "yes" give full particulars


17. Has the driver's licence ever been suspended or cancelled? YES  NO

If yes, give full particulars

When?

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State Reason


18. If the driver is not the insured, please state:

- a) Was the vehicle being driven with the Insured's knowledge and consent? YES  NO
- b) Was the driver a paid employee of the Insured? YES  NO
- c) Driver's relationship to Insured if not employee.

19. Has the driver ever been refused vehicle insurance or continuance thereof by an insurer? YES  NO

If yes, please state the name of the company

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Had the driver consumed any drugs or alcohol within 12 hours preceding the accident? YES  NO

**If yes, please state the nature and quantity of the drugs and/or alcohol consumed**


20. Were you requested to take a blood, breath or urine test? YES  NO

If yes, give details of type of test

Blood Test  Urine Test  Alco-Test  Full Breathalyser  What was the reasoning?

**NOTE: DOCUMENTARY PROOF OF THE RESULT OF A BLOOD OR BREATHALYSER TEST MAY BE REQUIRED**

**POLICE INFORMATION**

21. Did the police attend the accident? YES  NO

22. Has the driver reported the accident to the police? YES  NO

**If "yes" give full particulars**

Where?  Report No  Date Reported

23. Was any charge laid or intimidated against the driver? YES  NO

**If "yes" what is the nature of the charges?**


**DAMAGE TO THE INSURED VEHICLE**

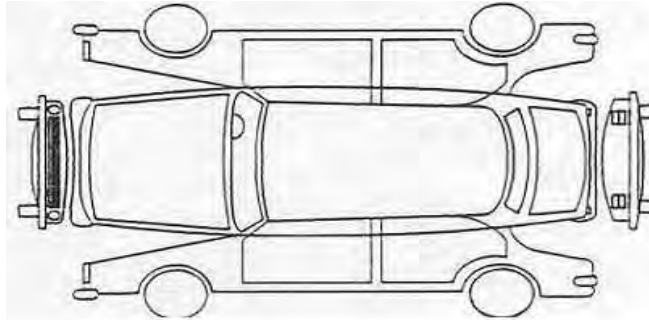
24. Was the vehicle being used for business at the time of the accident? YES  NO

If "yes", please state the nature of business

If goods carrying vehicle, please state the nature and weight of loads

25. Describe damage to insured vehicle in this accident

**Shade in damage to insured vehicle**



26. Was there any pre-existing damage to the vehicle? YES  NO

If yes, please give details

27. Was the vehicle towed? YES  NO

**If yes, please give name of Towing Company**

28. Where was the vehicle towed to?

29. Where is the vehicle now?

30. Where can the vehicle be inspected?

**No repairs or alterations to the damaged vehicle should be made until approval is made by the Insurer**

**DETAILS OF OTHER VEHICLE OR PROPERTY**

31. Owners Name   
Address   
  
Phone No

32. Driver's Name	<input style="width: 100%;" type="text"/>		
Address	<input style="width: 100%;" type="text"/>		
Phone No	<input style="width: 100%;" type="text"/>		
33. Vehicle Make	<input style="width: 150px;" type="text"/>	Body Type	<input style="width: 150px;" type="text"/>
		Reg No	<input style="width: 150px;" type="text"/>
34. Describe damage to vehicle and/or property			
<input style="width: 100%; height: 20px;" type="text"/>			
<input style="width: 100%; height: 20px;" type="text"/>			
<input style="width: 100%; height: 20px;" type="text"/>			
			Approximate Cost
			<input style="width: 100px;" type="text"/>
			\$
35. Is this vehicle insured? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, name the insurance company <input style="width: 100%;" type="text"/>			
36. Has any claim been made against you for either damage to another vehicle or property? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, give details and amounts			
<input style="width: 100%; height: 20px;" type="text"/>			
<input style="width: 100%; height: 20px;" type="text"/>			
<input style="width: 100%; height: 20px;" type="text"/>			

<b>DETAILS OF ALL WITNESSES</b>			
<b>State if the witness was:</b>			
<b>(a) an independent witness; (b) in the insured vehicle; or (c) in the third party vehicle <input checked="" type="checkbox"/> (See below)</b>			
37. Were there any witnesses to this accident? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If "yes" provide details:			
Name	<input style="width: 150px;" type="text"/>	Phone No	<input style="width: 150px;" type="text"/>
Address	<input style="width: 100%;" type="text"/>		
Name	<input style="width: 150px;" type="text"/>	Phone No	<input style="width: 150px;" type="text"/>
Address	<input style="width: 100%;" type="text"/>		

**Please note:**

1. Make sure that you give us ALL details about your claim.
2. Please send any documentation you have which may assist in verifying ownership.
3. Send us all original quotations which you have received from the repairer.
4. Tell the Police immediately about any loss or damage which has been caused by theft, vandalism or malicious damage to your vehicle.
5. For Third Party claims, do not admit liability.
6. Contact your Claims Broker should you require assistance.

<b>DECLARATION</b>			
I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.			
Signature of insured or person with authority to sign for or on behalf of the insured	<input style="width: 150px;" type="text"/>	Date:	<input style="width: 150px;" type="text"/>
Signature of the driver (if not the insured)	<input style="width: 150px;" type="text"/>	Date:	<input style="width: 150px;" type="text"/>

**\*This consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business**

## Collection Statement Under Privacy Act 1988

In accordance with the Privacy Act 1988 (and subsequent amendments), we, JLT (and our subsidiaries and related entities) draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other JLT products or services and administering payments to you. If you are proposing for or renewing insurance, the information is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984, the Marine Insurance Act 1909 or at common law.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and JLT related Group companies.
- Your personal information may be sent to our administrative processing centre in Mumbai (India) and to other JLT Group companies, insurers, reinsurers and other third party service providers (e.g. data storage providers) in the United Kingdom, Singapore, Hong Kong, the United States of America and elsewhere
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act 1988, you must obtain it with the individual's consent. We will use and disclose your personal information in accordance with our Privacy Policy.
- Our Privacy Policy can be accessed on our website ([www.jlta.com.au](http://www.jlta.com.au)). For further information contact your account executive or the JLT Privacy Officer:  
Jardine Lloyd Thompson Pty Ltd, 66 Clarence Street, SYDNEY NSW 2000  
Telephone: (02) 9290 8000