

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

Marsh contact 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	<input type="text"/>	Body Type	<input type="text"/>
Vehicle Make and Model	<input type="text"/>		
Registration No	<input type="text"/>	Engine No	<input type="text"/>
No of cylinders	<input type="text"/>	VIN. No	<input type="text"/>

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	<input type="text"/>				
Address	<input type="text"/>				
	<input type="text"/>				
Date of Birth	<input type="text"/>	Driver's licence No	<input type="text"/>	Classes	<input type="text"/>
c) Driver's relationship to Insured if not employee.	YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Expiry Date of Licence	<input type="text"/>	Years held	<input type="text"/>		

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.

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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?

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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?

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 Report No

--

 Date Reported

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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

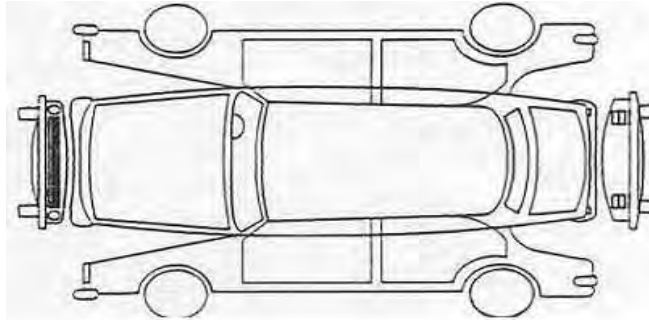
24. Was the vehicle being used for business at the time of the accident? YES NO

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"/>			

DETAILS OF ALL WITNESSES			
State if the witness was:			
(a) an independent witness; (b) in the insured vehicle; or (c) in the third party vehicle <input checked="" type="checkbox"/> (See below)			
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.

DECLARATION			
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**

Marsh Collection Statement

In accordance with the Privacy Act 1988 (Cth) (and subsequent amendments) ('the Privacy Act'), we, Marsh Pty Ltd and our Associated Entities (as that term is defined in the Corporations Act 2001 (Cth)) ('Marsh') 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 Marsh 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 (Cth), the Marine Insurance Act 1909 (Cth) 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 Marsh's Associated Entities, which are all businesses of Marsh & McLennan group of companies ('MMC').
- Your personal information may be sent to our administrative processing centres in Mumbai (India) or Kuala Lumpur (Malaysia) and to other MMC 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, you must obtain it with the individual's consent.
- We will use and disclose your personal information in accordance with our Privacy Policy. By completing this form you confirm that you have read the Marsh Privacy Policy available on our website (www.marsh.com.au) and you authorise and consent to Marsh collecting, holding, using and disclosing any personal information collected by means of the enclosed document in accordance with the terms of the Marsh Privacy Policy, including for the purposes explained in this collection statement above. If there are any inconsistencies between the terms of this collection statement and the terms of the Marsh Privacy Policy, the terms of the Marsh Privacy Policy prevail to the extent of that inconsistency. You may modify or withdraw your consent at any time. If you do not give us consent or subsequently modify or withdraw your consent, we may not be able to provide you with the products or services you want.
- You can contact our Privacy Officer by:
Email – privacy.australia@marsh.com
Phone – (02) 8864 7688
Post – PO Box H176, Australia Square NSW 1215

The advice in this form is general advice only. To help you decide if the cover suits you, please read the Product Disclosure Statement. We can provide you with further information. Please contact us to request. This insurance is arranged by Marsh Advantage Insurance Pty Ltd (ABN 31 081 358 303, AFSL 238 369) ('MAI'). MAI are not the insurer.

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