

If you need any help with this form, please contact our Frank Risk Management office on (07) 903 5000.

## Warning

If you supply any untrue or false information and know that it is not true the insurer shall have the right to refuse the claim. We recommend that you read the Claims section of your policy. Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A". You must not incur any expense (unless it is to minimise the loss), or admit fault, without your insurer's permission. **The Driver of the vehicle (or the person who was in charge) must sign 'Part I' of this form.**

## Part A: The Insured

Name of insured: .....

Postal address: .....

Best contact phone no: .....

Insurer: ..... Policy no: .....

## Part B: The Insured Vehicle/Driver Details

- Year: ..... Make: ..... Model: ..... Reg. no: .....
- Is the vehicle subject to hire purchase agreement, bill of sale or lien of any kind? Yes  No
- Has the vehicle or engine been modified from the maker's standard specifications? Yes  No   
If you answer 'YES' to 2 or 3, please give details .....
- Full name of driver (or person in charge): .....
- What is the driver's date of birth? ..... 6. Female  Male
- Best contact phone no: ..... 8. Did the driver have the owner's permission to use the vehicle? Yes  No
- Has the driver ever been refused vehicle insurance or had a policy cancelled or not renewed? .....
- In the past 5 years has the driver:
 

(a) been involved in a motor accident?	Yes <input type="radio"/>	No <input type="radio"/>
(b) been convicted of a driving offence or issued with an offence or infringement notice (including speeding)?	Yes <input type="radio"/>	No <input type="radio"/>
(c) been convicted of a criminal offence?	Yes <input type="radio"/>	No <input type="radio"/>
(d) been disqualified from driving or had their licence endorsed cancelled or suspended?	Yes <input type="radio"/>	No <input type="radio"/>
- Licence number: ..... Licence classes: ..... Licence special conditions: .....
- Full  Restricted  Learners
- Licence issue date: ..... Licence expiry date: .....

If any answer is 'YES' please attach full details on a separate piece of paper.

## Part C: Details of Accident

- When did the accident happen? Date: ..... Time: ..... AM  PM
- Where did it happen? (show street and town): .....
- Please give full details of what happened: .....
- If the insured vehicle was being driven when the accident happened:
 

4. What were the weather conditions at the time?	<input type="radio"/> Rain	<input type="radio"/> Overcast	<input type="radio"/> Fog	<input type="radio"/> Bright sun	<input type="radio"/> Clear night
5. What were the road conditions at the time?	<input type="radio"/> Sealed	<input type="radio"/> Metal	<input type="radio"/> Wet	<input type="radio"/> Dry	<input type="radio"/> Ice
- What speed was the insured vehicle travelling at: (a) approaching the accident? ..... (b) impact? .....
- Did the driver consume or use any alcoholic liquor, drug or intoxicating substance in the 12 hours before the accident? Yes  No   
If 'YES', what? ..... How much? ..... When? .....
- Did the police attend the accident? If 'YES', please complete details below: Yes  No   
Reported by: ..... To (station name): .....
- On: ..... Complaint ref. no: ..... Name of Attending Officer: .....
- Was the driver required to provide the police with a breath and/or blood sample? Yes  No

Part D: Sketch Plan of Accident

Please show any:

- Street names
- Road markings
- Road sign
- Traffic signals
- Traffic islands
- Distances from kerb
- Distances between vehicles
- Direction of travel

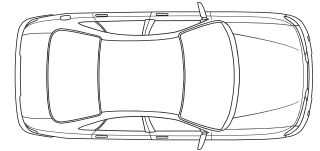
Part E: Damage to the Insured Vehicle

1. Please describe the damage to your vehicle, and show it on the diagram below:
 

.....

.....
2. Did the vehicle need to be towed? Yes  No
3. Name of towing company: .....
4. Name of repairer: .....
5. Phone no: .....
6. Where is the vehicle now? .....

The repairer must contact the insurer before repairs are started so that they can assess the damage and agree the costs.



Part F: Other Vehicle or Property Damaged

1. Other vehicle owned/driven by: ..... Phone no: .....  
 Address: ..... Insurer & Policy/Claim number: .....  
 Make, type & model of other vehicle: ..... Reg. no: .....  
 Details of damage to other vehicle: .....
2. Details of damage to other property (eg. fence/building damage): .....  
 Owner's name and address: ..... Phone no: .....

Part G: Liability for the Accident

1. Who do you consider to be to blame? .....
2. What are your reasons? .....
3. Did anyone admit liability? Yes  No  If 'YES', who? .....

Part H: Witnesses to the Accident

1. Were there any witnesses? Yes  No  If 'YES', please give details below:  
 Name: ..... Phone no: .....  
 Address: ..... Passenger: .....

Note: If there is any information you cannot give to us now, please mark the question, and provide the information to us soon as possible.

If there is not enough room on this form, please attach a separate sheet of paper. Is a separate sheet attached? Yes  No

Part I: Declaration and signature

(Please read and sign) – I declare that:

- 1 I authorise the insurer to move the vehicle to a claims assessing centre for examination and assessment.
- 2 MATERIAL FACTS (a) All information provided in connection with this claim (whether oral or written) is true and correct;  
(b) No information relevant to the claim is omitted.
- 3 USE OF INFORMATION (a) My personal information collected in connection with this claim may be disclosed to:  
 (i) other members of the insurance industry and Insurance Claims Register Ltd;  
 (ii) parties repairing or replacing the subject matter of the claim;  
 (iii) parties who have a financial interest in the subject matter of the policy;  
 (b) My personal information held by any other parties in connection with this claim may be disclosed to the insurer.

PLEASE NOTE

- The insurer will gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you refuse to provide it, your claim may be declined.
- This information is held by the insurer and you may access it. It may be passed onto other insurers you deal with, repairers and mortgagees etc.
- Your claims history is passed onto, and held by, Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.

Signed by Driver: ..... Insured: .....

Date: .....