



1. Insurance Company:

2. Policy Number:

Expiry Date:

3. Insured (surname, company, partnership):

Given Name(s) of Insured:

Contact Person (for company or partnership):

4. Address:

Suburb:

Postcode:

5. Mobile No:

Business Telephone No:

Email Address:

6. Are you registered for GST purposes?

No

Yes

What is your ABN?

7. Caravan Details:

Make/Model:

Registration Details:

8. Who is the registered owner of the caravan?

9. Is the caravan under finance?

Yes

No

Lender's name:

10. Was there any unrepaired damage to the caravan before the accident?

No

Yes

Please give details:

**Driver Details:**

11. Name of the driver:  Relationship to the Insured:

Address:  Suburb:  Postcode:

Did the driver have permission to be driving the vehicle? Yes  No

12. Driver's Licence Details  
Licence Number:  Expiry Date:  Class:  Years / Months Licence Held:

13. Did the driver consume any drugs or alcohol 12 hours prior to the accident?  
No  Yes  Please provide details:

14. Has the driver had any previous losses or made any claims for loss, theft or damage with any insurer in the past 5 years?  
No  Yes  Please give details:

15. Has the driver been charged with or convicted of a motoring offence or had their licence disqualified in the last 5 years?  
No  Yes  Tell us what happened:

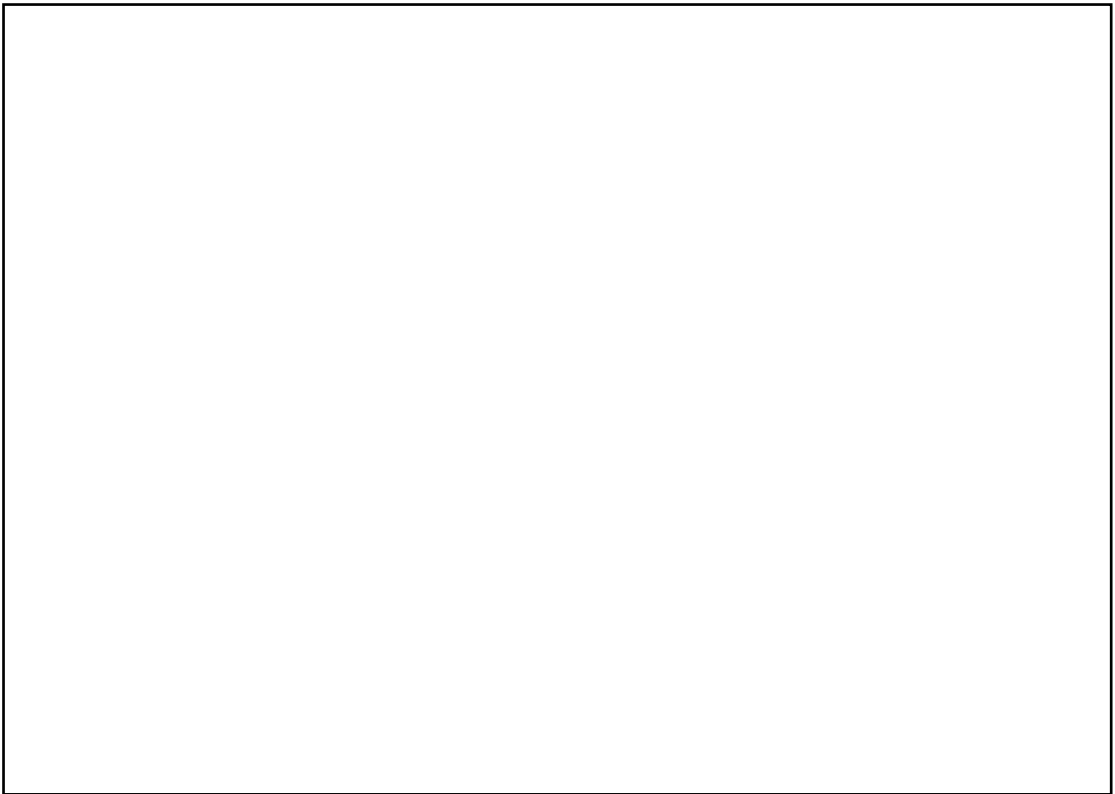
16. Have you been charged with, or convicted of any criminal offence in the last 10 years?  
No  Yes  State Details:

**Accident Details:**


17. When did the accident happen?  
Day:  Date:  Time:  AM  PM

18. Where did the accident happen?

19. How did the accident happen?



20. Where is the damage to the caravan?



**Third Party Details:**

21. Full Name:  Telephone:

Address:  Suburb:  Post Code:

Insurance Company  Policy/Claim Number

Make/Model  Registration:

22. Was there any other property damaged as a result of the accident? (e.g. fence, light poles, bollards)

No  Yes  Provide Details:

\*You must report any loss, theft or vandalism of your motor vehicle to the police.  
The insurance company may need to apply to the police for a copy of this report.

Name of police station where you report it:  Name of police officer:

Police Report No:  Date Reported:

23. Have you been charged with, or convicted of, a motoring offence (other than a parking offence) or been disqualified from driving in the past five years?

No  Yes  Provide Details:

24. Have you ever had insurance refused or cancelled, had a renewal refused or had special conditions imposed by an insurer?

No  Yes  Provide Details:

25. Have you been charged with, or convicted of, any criminal offence in the past ten years?

No  Yes  Provide Details:

26. Have you had a vehicle burnt or stolen, or claimed against an insurance company for damage to a car, in the past five years?

No  Yes  Provide Details:

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.

[Click here to learn how to digitally sign this document](#)



**Signature**

**Date**