



This form is for making claims for lost, stolen or damaged property. If your claim is for a motor vehicle, personal injury or illness or machinery, or if it is a claim on a travel policy, you need a different form.

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. Private Telephone No:

Business Telephone No:

Email Address:

6. Are you registered for GST purposes?

No

Yes

What is your ABN?

7. Vehicle Details:

Make/Model:

Registration Details:

8. Who is the registered owner of the vehicle?

9. Is the vehicle under finance?

Yes

No

Lender's name:

10. Was there any unrepaired damage to the vehicle 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:

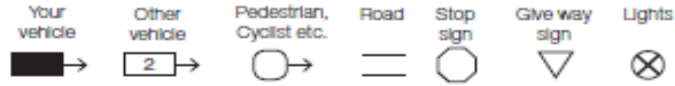
16. Have you been charged with, or convicted of any criminal offence in the last 10 years?  
No  Yes  State Details:

**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? Please draw a diagram.



Please describe the incident below

[Click here to learn how to draw in this PDF](#)

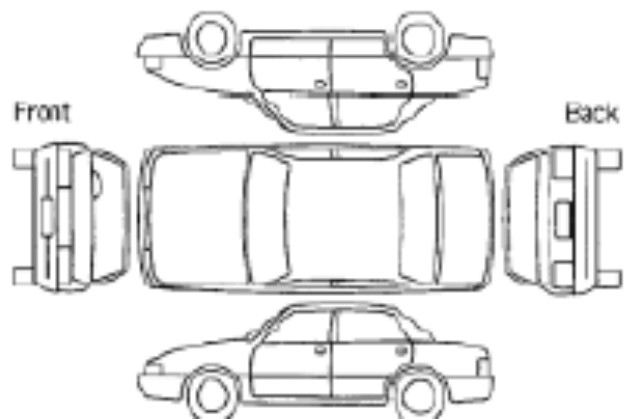
**HOT TIP:**

**^ Comments Panel:**  
Use a combination of the Pen tool and the shapes & eraser tool to draw roads quicker or simply hand sketch, scan and "add image".

20. Please describe the weather and road conditions at the time of the accident? Example. Wet, Dry, Sealed or Gravel Road...

21. Please draw the damaged area of the vehicle on this diagram:

**Insured vehicle**



**Other Vehicle Details:**

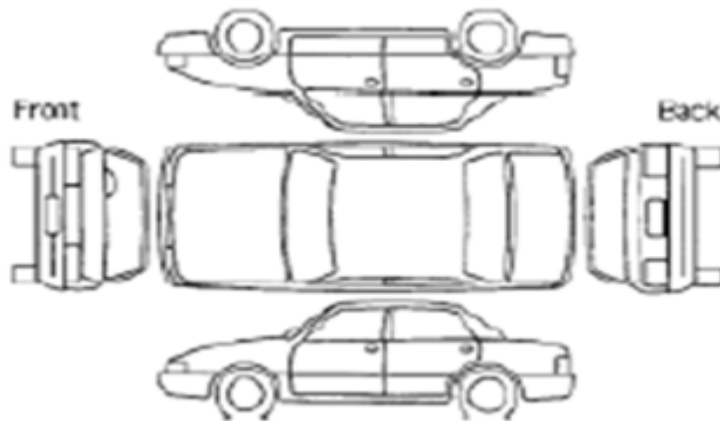
22. Full Name:  Telephone:

Address:  Post Code:

Insurance Company  Policy/Claim Number

Make, model & Body type  Registration Number

23. Please draw the damaged area of their vehicle on this diagram: THIRD PARTY VEHICLE



24. 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.

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

Police Report No:  Date Reported:

25. 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:

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

No  Yes

Provide Details:

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

No  Yes

Provide Details:

28. Have you had a car 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**