



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. **Trailer Details:**

Make/Model:

Registration Details:

8. Who is the registered owner of the trailer?

9. Is the trailer under finance?

Yes

No

Lender's name:

10. Was there any unrepaired damage to the trailer 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:
<input type="text"/>	<input type="text"/>	<input type="text" value="AM"/> <input type="text" value="PM"/>

18. Where did the accident happen?

19. How did the accident happen?

20. Where is the damage to the trailer?

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

Other Vehicle Details:

21. Full Name:	Telephone:
<input type="text"/>	<input type="text"/>

Address:	Post Code:
<input type="text"/>	<input type="text"/>

Insurance Company	Policy/Claim Number
<input type="text"/>	<input type="text"/>

Make/Model	Registration:
<input type="text"/>	<input type="text"/>

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