NEVILLE NEWCOMB
INSURANCE BROKERS

MOTOR VEHICLE CLAIM FORM

This form must be completed by the driver. Please answer all questions. If not applicable, please write N/A

Pursuant to the Privacy Act 1993 the following is brought to your attention:

(a) This claim form collects personal information about you;
(b) The information is collected to evaluate your claim;
(c) The intended recipient of the information is: The Insurer named. (hereinafter called "The Company") and is being held by them at their Head Office
(d) The collection of this information is required pursuant to the terms of your insurance policy;
(e) The failure to provide this information may result in your claim being declined;
(f) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

1. POLICYHOLDER

	INSURED VEHICLE
Surname of Insured OR name of company:	MAKE:
First Names of Insured	MODEL:
Address:	TYPE: (e.g. van, car, artic, flat-top etc)
	YEAR: REG:
Contact Telephone Numbers (Hm) (Bus)	Has the vehicle been modified in any way:
Name of any other party with financial interest in the vehicle:	Is the vehicle a used import : Yes ☐ No ☐
Is there any other insurance on the vehicle or accessories: Yes ☐ No ☐	Has the vehicle a current Certificate of Fitness : Yes ☐ No ☐

2. PERSON DRIVING OR IN CHARGE OF THE INSURED VEHICLE (to be completed, even if parked)

Full Name (Mr/Mrs/Miss/Ms):	Date of Birth ……../……../……. Telephone: Home…… Bus …….. Employer ……	**Driver Licence & Type:** ☐Full ☐Restricted ☐Learner Number…… Expiry Date …….. Classes …… Years Held …….. Version No (5b)……..
Address:		
Occupation:		
Your relationship to policyholder:		
1. Was the vehicle being driven with the owner's consent?	Yes ☐ No ☐ If "NO" please provide details ……	
2. Is he/she the main driver of the Insured vehicle?	Yes ☐ No ☐ If "NO" please provide details ……	
3. If not the Policyholder, do you own a vehicle? (name of insurance company):	Yes ☐ No ☐ If "YES" please provide details ……	
4. Did driver consume liquor and/or drugs (including medication) within 24 hours prior to the accident?	Yes ☐ No ☐ ……	
5. Did the police attend?	Yes ☐ No ☐ ……	
6. Was a breathalyser, or blood test, or any other such test done?	Yes ☐ No ☐ ……	
7. During the past 5 years, have you: (i) Been convicted of any offence other than parking (type and penalty): (ii) Had any other accident, loss of claim in connection with any motor vehicle (brief details of year/cost/insurance coy)	Yes ☐ No ☐ …… …… Yes ☐ No ☐ …… ……	

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3. DETAILS OF OTHER PERSONS

Passengers in your vehicle	Independent Witnesses
Name …… Address …… Telephone …… Name …… Address …… Telephone ……	Name …… Address …… Telephone …… Name …… Address …… Telephone ……
Driver/Owner of other vehicle or property	**Driver/Owner of other vehicle or property**
Name …… Address …… Telephone ……Insurance Coy …… Details of vehicle/property …… Registration Number ……	Name …… Address …… Telephone ……Insurance Coy …… Details of vehicle/property …… Registration Number ……

4. DETAILS OF LOSS OR ACCIDENT (Please continue on a separate sheet, if necessary)

Date …… Time …… Am / pm (delete one)
Location (e.g. street) …… Suburb/Town ……

Weather : ☐ Rain ☐ Overcast ☐ Fog ☐ Bright Sun ☐ Clear Night

Road ☐ Sealed ☐ Metal ☐ Wet ☐ Dry

What speed was in force? ☐ 50 km/hour ☐ 100 km/hour ☐ Other

What was your speed – prior to breaking …… / at impact …… Please state reason for journey ……

Describe in detail how the accident occurred: ……

……

……

……

What in your opinion, caused the accident:……

5. DAMAGE TO INSURED VEHICLE (NB Do not proceed with repairs without the Company's authority)

Describe damage……
Repairer …… Telephone …… Estimate $……
If not at above, date of repair …… OR where can vehicle be inspected ……

6. SKETCH PLAN OF ACCIDENT (Please continue on a separate sheet if necessary)

Indicate street names; direction of vehicles. Your vehicle _____ Other vehicle _____

DECLARATION

Note : Failure to provide full and truthful information could result in the Claim being declined.

We authorise the disclosure of my/our personal information held by other parties which relate to this claim.
We agree to The Company disclosing my/our personal information regarding this claim to:
a) Other members of the Insurance Industry; and
b) Parties who have a financial interest in the subject matter of the claim.
All the information and answers given on this claim are correct. We authorise The Company to act on my/our behalf.

Policyholder's signature ……Date ……
(if a company, state capacity)
Drivers signature ……Date ……