

# Motor Vehicle Claim Form

Claim Number \_\_\_\_\_

## 1. Insured

Name of Insured \_\_\_\_\_

Occupation \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone No. Home No. ( ) \_\_\_\_\_ Business No. ( ) \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_

Broker/Agent Name \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

Policy No. ( ) \_\_\_\_\_

Excess \$ \_\_\_\_\_

Inception Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you registered for GST?  Yes  No GST No. \_\_\_\_\_

## 2. Interested Parties

Is the property being claimed for under a Financial Agreement?  Yes  No

Name of Financier \_\_\_\_\_

Telephone No. Home No. ( ) \_\_\_\_\_ Business No. ( ) \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Contract No. \_\_\_\_\_

## 3. Vehicle Details

Year \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Body Type \_\_\_\_\_

Registration No. \_\_\_\_\_

VIN/Engine No. \_\_\_\_\_

Chassis No. \_\_\_\_\_

Has the Vehicle been modified in any way? Yes  No

If yes, please give details below

Modification Details \_\_\_\_\_  
 \_\_\_\_\_ Value \$ \_\_\_\_\_

Additional Accessories Details \_\_\_\_\_  
 \_\_\_\_\_ Value \$ \_\_\_\_\_

Who is the registered owner of the vehicle? \_\_\_\_\_

## 4. Driver Details

Driver's Name \_\_\_\_\_

Driver's Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Licence No. \_\_\_\_\_ Class \_\_\_\_\_

Expiry date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Years held \_\_\_\_\_

Licence status Learner  Restricted  Full  Overseas  Never Licenced  Disqualified

Was the Vehicle being used with the Insured's consent? Yes  No

If Yes, reason for use? (business, private, etc) \_\_\_\_\_

Driver's relationship to Insured? \_\_\_\_\_

How often does the driver use this Vehicle in a year? \_\_\_\_\_

Did the Driver consume any alcohol or drugs during the 12 hours before the Accident? Yes  No

Quantity \_\_\_\_\_

Was the Driver tested by the Police for alcohol or drugs? Yes  No

Result \_\_\_\_\_

Does the driver hold motor insurance on any other Vehicle? Yes  No

If yes, please provide details of Insure and policy

\_\_\_\_\_

\_\_\_\_\_

## 5. Accident or Theft Details

Date of Occurrence \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time of Loss \_\_\_\_\_

Location \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

**Accident:** Describe events before, during and after the accident (include no. of lanes, speed, parked, reversing etc.)

**Theft:** Describe events from time parked until discovered missing (include who made discovery and any action)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_







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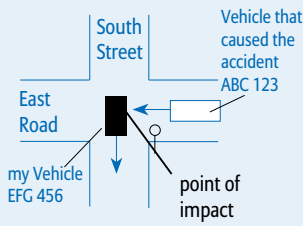
### Diagram of accident

Please provide a sketch of the accident scene and show the Vehicle(s) with the following identification.

**Symbols to use**

 traffic sign	 witness
 traffic lights	 pedestrian
 your vehicle (black)	
 third party Vehicles TP1, TP2, TP3	

**Example diagram for Vehicle**



**Check List please show**

- Street names
- Distances
- Lanes/Lines markings
- Traffic signals/signs

TP1 Registration \_\_\_\_\_

TP2 Registration \_\_\_\_\_

TP3 Registration \_\_\_\_\_

Road conditions: Wet  Dry  Sealed  Unsealed   
 Day  Dusk  Night  Dawn

Describe what the Vehicle was being used for at the time \_\_\_\_\_  
 \_\_\_\_\_

Who do you believe is at fault and why? \_\_\_\_\_  
 \_\_\_\_\_

Was their any admission of responsibility for the accident? Yes  No

If Yes, please give details \_\_\_\_\_  
 \_\_\_\_\_

**Theft**

Where was Vehicle stolen from? \_\_\_\_\_

Was the Vehicle locked? Yes  No

Are there duplicate keys? Yes  No

Where were the keys at the time? \_\_\_\_\_

Who has each set of keys? \_\_\_\_\_

Was the Vehicle alarmed? Yes  No

Was the Vehicle fitted with an immobiliser? Yes  No

If Yes, was alarm or immobiliser turned on? Yes  No

If not turned on, why not? \_\_\_\_\_

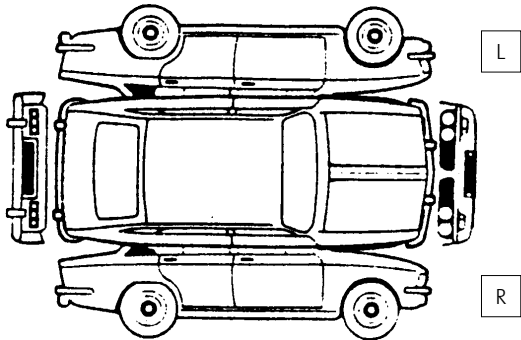
Has the Vehicle been recovered? Yes  No

If Yes, by whom \_\_\_\_\_

Where recovered? (if recovered, please complete Damage Section of Claim Form)

**Please include details of Last Person in Charge of Vehicle or Last Driver in Driver's Section of Claim Form**

**Damage:** Please show damage on vehicle using diagram to assist.



Interior  Engine  Undercarriage  All over

Describe the damage

Is the Vehicle driveable? Yes  No

Was the Vehicle towed? Yes  No

Who towed the Vehicle? \_\_\_\_\_

Where can your Vehicle be inspected? \_\_\_\_\_

**Please attach any quotes that have been obtained.**

**6. Police**

Have the Police been notified?  Yes  No, Reason \_\_\_\_\_

If Yes, please provide details

Police Station \_\_\_\_\_

Reporting Officer \_\_\_\_\_

Police Report No. \_\_\_\_\_ Date Reported \_\_\_\_/\_\_\_\_/\_\_\_\_

Did the Police attend the scene? Yes  No

Were any charges laid or indications made of further action? Yes  No

Give details (who and what) \_\_\_\_\_  
 \_\_\_\_\_

## 7. Witnesses

Were there any witness to the event?

Yes

No

(if Yes, please complete the following)

Name \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

Where was the Witness when the accident occurred? \_\_\_\_\_

## Second Witness

Name \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

Where was the Witness when the accident occurred? \_\_\_\_\_

## 8. Third Party Details

(Please complete the following if any other Vehicles were involved or other property damaged)

Year \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Body Type \_\_\_\_\_

Registration No. \_\_\_\_\_

Colour \_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone No. Home No. ( ) \_\_\_\_\_ Business No. ( ) \_\_\_\_\_ Mobile \_\_\_\_\_

Driver's Name \_\_\_\_\_

Driver's Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone No. Home No. ( ) \_\_\_\_\_ Business No. ( ) \_\_\_\_\_ Mobile \_\_\_\_\_

Describe the damage done to the other vehicle \_\_\_\_\_

Name of Other Party's Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_

**If you have received any demands or notices from anyone, please submit with Claim Form.**

## 9. History

Have you or the driver had any insurance or renewal of insurance declined or cancelled or special conditions imposed in the last 5 years?

Yes

No

If Yes, please give details \_\_\_\_\_

Have you or the driver been convicted of or had any fines or penalties imposed for any criminal offence?

Yes

No

If Yes, please give details \_\_\_\_\_

Have you or the driver had an accident or made a claim on a motor vehicle insurance policy in the last 5 years?

Yes

No

If Yes, please give details \_\_\_\_\_

Have you or the driver been convicted of or had any fines or penalties imposed for any driving offence (such as speeding, disobey traffic lights etc) in the last 5 years?

Yes

No

If Yes, please give details \_\_\_\_\_

## 10. Privacy

The Privacy Act 1993 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents or other parties as required by law.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 0800 500 115 8.30am-5pm, Monday-Friday and advise us of the changes.

## 11. Internal Dispute Resolution Statement

Disputes are not an everyday occurrence at Allianz. However we do provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details.

If you are not satisfied with the outcome of this process, we will advise you how to contact our approved external independent dispute resolution scheme (subject to eligibility).

## 12. Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld.

I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

I/We acknowledge that I/we have read and understood the Privacy Act 1993 information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval.

I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Allianz will be unable to process my/our claim.

Signature of Insured \_\_\_\_\_

Date            /            /

Signature of Driver \_\_\_\_\_

Date            /            /

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