



A.I.S. Insurance Brokers Pty Ltd
 ACN 065 797 597
 ABN 36 543 825 719
 AFS Licence No. 255304

137 Moray Street
 South Melbourne 3205
 PO Box 7660
 Melbourne Victoria 3004
 Australia

Telephone +61 3 8699 8888
 Facsimile +61 3 8699 8899
 email insure@aisinsurance.com.au
 www.aisinsurance.com.au

Motor Vehicle Insurance Claim

The issue of this form does not constitute an admission of liability on the part of the insurer.

Please complete ALL sections of this claim form. Unless specifically arranged beforehand, no repairs or alterations to the damaged vehicle should be made unless approved by your insurance underwriter.

Policy Number Client Ref No

Insured

Insured's Name

Address

Postcode

Phone No Occupation

Are you the sole owner of the insured vehicle? Yes No

If NO, who is the owner?

What is their Australian Business Number (ABN)? - - -

Are they registered for GST? Yes No

To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium? %

Insured Vehicle

Make & Model Year

Rego Number Rego Expiry Date Colour

Engine No Chassis No

Class of Vehicle

Sedan or Station Wagon

Bus or Coach

Van or Utility up to 2T

Light Construction or earthmoving Plant

Rigid Vehicle over 2T and up to 5T

Heavy Construction or earthmoving Plant

Rigid Vehicle over 5T and up to 10T

Trailer

Rigid Vehicle over 10T

Other

Articulated Prime Mover

Trailer Details (if applicable)

Make

Type

Year

Registration No

Driver

For parked or unattended vehicles, Driver = Vehicle custodian at the time of loss.

Surname

Given Name(s)

Address

Postcode

Phone No.

Date of Birth

Female

Male

Driver Licence

Expiry Date

Years held

Registered owner of vehicle

Are you an employee?

Yes

No

If not, state relationship

Have you had any traffic convictions or been involved in any motor vehicle accidents in the past five (5) years?

Yes

No

If Yes, please give details

Have you been convicted of any criminal offences in the last 10 years?

Yes

No

If Yes, please provide details

Did you consume any alcohol or take any drugs during the 12 hours prior to the accident?

Yes

No

If Yes state how much and when

Did you undergo a breath test or blood test for alcohol or drugs?

Yes

No

If Yes what was the result

Did you refuse to undergo any of the above tests?

Yes

No

Damage to insured vehicles

Was your vehicle damaged?

Yes

No

Was your vehicle towed away?

Yes

No

Have you obtained a repair quote?

Yes

No

Amount \$

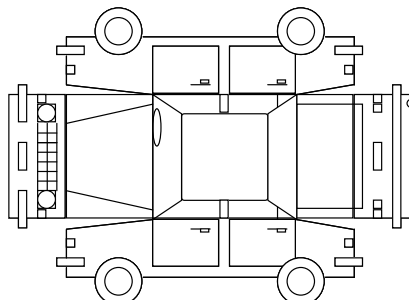
(Attach Quote)

If not driveable where can the vehicle be inspected?

Full address

Phone No

Show the damaged areas to your vehicle on the following diagram



Accident Details

Date Time am/pm Vehicle Use: Business Private

What was the accident location?

Street Suburb P/code

How did the accident happen?

Please draw a plan of the accident. Show the nearest cross street; street names; centre of the roadway; direction and location of vehicles; location of traffic control signals and another useful information.

Indicate your own vehicle as **A** 

Indicate any other vehicles as **B** 

Who do you consider was at fault? Myself Other driver Other

Estimated speed of Your vehicle just before the accident KPH

Estimated speed of Other vehicle just before the accident KPH

What was the condition of the road?

Sealed Unsealed Smooth Rough Wet Dry

How was visibility?

Good Moderate Poor

Were there any witnesses to the accident?

Yes

No

If Yes, please provide names & addresses

Did Police attend the accident?

Yes

No

If Yes, Police station

Name/Number of officer

If No, state time and date reported to Police

Did Police indicate who was responsible?

Yes

No

If Yes, Name of driver?

Did Police charge either driver or suggest action may be taken?

Yes

No

Charge

Damage to other vehicle or property

	Vehicle or Property No 1	Vehicle or Property No 2
Name of other driver		
Age		
Phone No.		
Licence No.		
Vehicle Make & Model		
Rego No.		
Name of registered Owner		
Address		
Phone No.		
The other insurance Company		
Policy Number		
Description of Damage		

Personal Injuries

Was anyone injured in the accident?

Yes

No

Name	Type of injury	Injured Party (Passenger/Driver)	Vehicle (Registration No.)

Declaration (must be completed)

1. I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or wilful misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim.
2. Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect of such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.
3. I consent to the broker and insurer using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, the broker and insurer may not be able to process my claim.
4. *I consent to the broker and insurer disclosing my personal information to other insurers, an insurance reference service, or as required by law. I consent to the broker and insurer also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Date: _____ Signature: _____

* This consent only applies when a claim is submitted in relation to a policy insured to the individual, not a company or business.

How To Make A Motor Vehicle Claim

Whether at fault or not and to avoid delay, it is easier to claim on your Insurer and let them recover for you. Here are the steps to be taken: -

1. Obtain a quotation from a reputable repairer
2. The repairer will usually arrange the assessment and for this you must:-
 - a) complete a claim form,
 - b) supply a copy of your licence to be left with the claim form at the repairers.
3. On the day of assessment (to be pre-arranged with you), the vehicle should be left all day with your repairer, repairs should be authorised on that day and work can commence. You will pay your excess to the repairer when collecting the repaired vehicle.

If you are not at fault:-

- your excess is recoverable
- car hire may be paid for, if a business registered vehicle, but not necessarily all costs.

Please note, the refund of excess and car hire is paid by the third party or their Insurer and this usually takes between 3-6 months.

If no refund received after 6 months, you can:-

- Follow this up yourself by contacting your Insurer
- Contact our office and ask our assistance

4. In the event of a total loss, the **market** value will be determined by the assessor. At times you may not agree on this figure, however, it is your prerogative to obtain another valuation. We can advise.
5. If the vehicle has been stolen, your Insurer will apply for a police report. They will generally wait for 4-6 weeks before settling the claim in the event the vehicle is recovered (80% usually are recovered albeit not in the condition when last seen by the owner).
6. If your vehicle is not damaged or damage is minor but you have caused damage to a third party and the accident is your fault, a claim form must be completed and sent to our office with a copy of your licence and excess if applicable, then forward any letters of demand with quotations.