

Motor Vehicle Insurance Accident Claim



1

CLAIM NUMBER

DETAILS OF INSURED

Surname of Insured

Given Name/s

Policy Number

Member's Permanent Postal Address

Postcode

Occupation

Home Phone

Business

Mobile

Email

Preferred method of contact: Home Phone Business Mobile Email

Name of Registered Owner

Sum Insured

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PARTICULARS OF INSURED VEHICLE

Make

Model

Registration Number

Engine Number

Chassis Number

Year of Manufacture

Body Type

No. of Cylinders

Auto Manual

Is the vehicle subject to finance? (Mortgage/bill of sale/hire purchase/lease) Yes No

Name of Finance Company

Branch

Account Number

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PARTICULARS OF DRIVER

Name of driver/person last in charge of your vehicle at time of accident

Date of Birth

Address

Postcode

Phone

Occupation

Driver's Licence No.

Class(es)

Date of Expiry

How long licensed in Australia

Has the driver had any previous accidents/claims in the last 5 years? If yes, give full particulars Yes No

Has the driver ever had their licence suspended/cancelled in the last 5 years? If yes, state when & why Yes No

Has the driver ever been charged with any of the following convictions in the last 5 years?

a) Driving under the influence of alcohol/drugs? Yes No

b) Refusing breath test? Yes No

c) Excess blood alcohol/drugs? Yes No

d) Dangerous/reckless driving? Yes No

If yes to any of the above, please give details

PLEASE TURN OVER

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DRIVER DETAILS

Was there any intoxicating liquor and/or drugs consumed by the driver in the 24 hours prior to the accident? Yes No

If yes:

a) When was the driver's last alcoholic drink?

b) How much was consumed?

c) Where consumed?

d) Was the driver required to undergo a breath test or blood analysis? Yes No

Reading

Police action against you or the driver (Attach confirmation from the Police Department)

a) Did the Police attend and take particulars? Yes No

b) Has the accident been reported to the Police? Yes No

Police Station

Date Reported

Time

Police Report Number

c) If yes, attach a copy of your statement.

d) If no, why not?

e) Is police action pending against either party? Yes No

f) If so, against whom and what are the charges?

If the driver is not the policyholder, please state

a) Relationship to policyholder

b) Whether a paid employee of policyholder? Yes No

c) Did they have your consent to use your vehicle? Yes No

d) Has the driver an insurance policy on his/her vehicle? Yes No

e) With which company?

f) Has the driver ever been refused insurance? Yes No

If yes, state details

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DETAILS OF ACCIDENT

Date of accident

Time

Where did the accident occur? Street Name

Suburb

Speed of your vehicle: a) At impact?

b) Before the emergency arose?

What was the state of the road?

Purpose vehicle used for at time of accident

If for business, state nature of business

Who do you consider was responsible for the accident?

Why?

Is there damage to your vehicle? Yes No

Was the vehicle towed? Yes No

If yes, by whom?

Have you obtained a repair quote? Yes No

If yes, by whom?

Present location of vehicle?

6 PARTICULARS OF OTHER VEHICLE OR PROPERTY INVOLVED IN ACCIDENT

(These details must be obtained before submitting your claim - failure to do so may delay settlement).

Make Model Registration Number

Owner's Name Phone Number

Owner's Address Postcode

Driver's Name Phone Number Approx. age of other driver? (Third Party)

Driver's Address Postcode

Describe damage to vehicle and/or property and approximate cost
 \$

Number of persons in vehicle Is the vehicle insured? Yes No State Company

Third Party Policy Number Third Party Claim Number

Independent Witnesses (please provide names and telephone number)

Name Phone

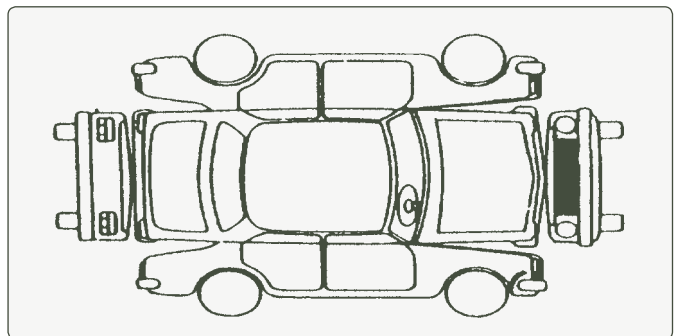
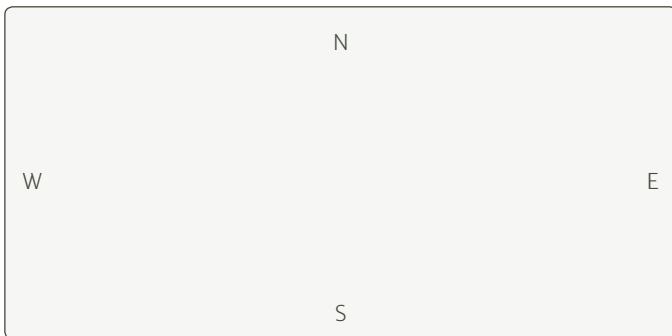
Address Postcode

7 DESCRIPTION OF ACCIDENT State clearly and fully how the accident occurred

Please complete a plan design of the accident. Indicate centre of roadway, direction and location of vehicles and location and nature of traffic control, signs, insured vehicle A, other parties B.

Please draw a plan and fully explain how accident occurred.

What is the extent of the damage? (Please use diagram)



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DECLARATION

I/We declare that:

1. The information contained in this claim form is true and complete in every respect, and I have not withheld any relevant information.
2. HBF Insurance is authorised to obtain any statement made in relation to this claim form from the Police and any particulars in relation to any criminal convictions.
3. HBF Insurance is authorised to obtain details from my lender of the amount owing in respect to the insured property.
4. HBF may lawfully refuse to pay this claim if fraudulent information is included in this claim or material facts have been fraudulently concealed or omitted.
5. I consent to HBF Insurance disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to HBF Insurance also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.
6. I/We the undersigned hereby authorise the Officer in Charge, Criminal Records Office/Officer in Charge, Traffic Convictions Records to provide particulars of any convictions recorded against me/us.

Signature of Policy holder

Date

D	D	M	M	Y	Y
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Signature of Driver

Date

D	D	M	M	Y	Y
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