

Third Party Insurance General Claim



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I WISH TO CLAIM AGAINST (HBF member's particulars) Mr Mrs Miss Ms

Claim/Policy Number

Surname

Given Name/s

Approximate Age

Address

Postcode

Make of Vehicle

Registration Number

Phone

2

VEHICLE OWNERSHIP DETAILS Mr Mrs Miss Ms

Surname

Given Name/s

Age

Address

Postcode

Occupation

Home Phone

Business

Mobile

Make of Vehicle

Registration Number

Auto Manual

Vehicle used for business, if yes what percentage?

Date Vehicle Purchased

Purchase Price

Is the vehicle subject to mortgage, bill of sale, hire purchase or vehicle lease? Yes No

If yes, to whom

Is the vehicle insured? Yes No

If yes, name of insurance company

Please state policy number

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DRIVER DETAILS

At time of accident, the vehicle was driven by

Age

Phone

Driver's Licence Number

Class

Expiry Date

PLEASE TURN OVER

4

Accident Date Time : am/pm Location

Speed of your vehicle: Before accident arose km/h At moment of impact km/h

Accident Description My Vehicle Other Vehicle Point of impact

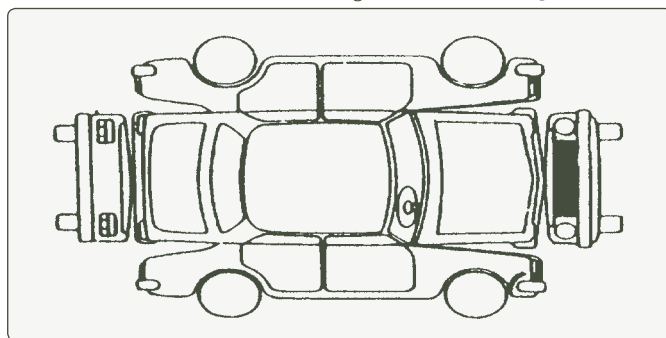
State clearly and fully how the accident occurred

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)

N
W E
S



Independent Witnesses (please provide names and telephone number)

Name Phone

Address Postcode

Is there damage to your vehicle? Yes No (If yes, attach written quote)

Was the vehicle towed? Yes No

At which Panel Beater can your vehicle be inspected?

Is your vehicle a Total Loss? Yes No If yes, what is the value of the salvage? \$ (Attach Tenders)

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PRIVACY

HBF Insurance Pty Ltd (ABN 11 009 268 277) (HBF Insurance) will use the personal information you supply on this form. HBF Insurance uses this information to assist HBF Insurance in managing a claim made by You as a third party against an HBF Insurance policy holder. HBF Insurance may disclose Your personal information to that HBF Insurance policy holder, and any claims service providers in connection with the claim or investigation of claims made by You or the Financial Ombudsman's Service or any other external adviser used by HBF Insurance to assist in the resolution of a dispute with You. There are requirements under the Insurance Contracts Act 1984 to disclose to HBF Insurance all material information in relation to this claim against an HBF Insurance member, and this may include the information You provide. If You do not provide the personal information requested in this form, HBF Insurance may not be able to manage this claim. You have a right to access Your personal information, which is held by HBF Insurance.

For more information about how HBF Insurance will deal with Your personal information, or on how to access it, please see our Privacy Policy, which is available at hbf.com.au or on request by calling a HBF Member Service Advisor on 133 423.

I/We declare that:

- The information contained in this claim form is true and complete in every respect, and I have not withheld any relevant information.
- I consent to HBF Insurance using my personal information as described in Paragraph 5 – Privacy

Signature Date