

Motor Fleet Claim Form

The supply or acceptance of this form is not an admission of liability on the part of Associated General & Dealer Underwriting Agency Pty Ltd or its security.

Claim Number _____

General information

Name of insured _____

Contact person _____

Position held _____

Telephone no. () _____ Fax no. () _____ Mobile no. _____

Email _____

Postal address _____

State _____ Postcode _____

Division _____

Division address _____

State _____ Postcode _____

Any Customer/Division codes/References _____

Broker/Agent name _____

Telephone no. () _____

Policy no. _____

Excess \$ _____

Inception Date ____/____/____ Expiry date ____/____/____

Interested parties

Is the vehicle being claimed for under a financial agreement? Yes No

Name of financier _____

Contract no. _____

Type of agreement _____

Commencement date ____/____/____

GST

Are you registered for GST purposes? Yes No

ABN _____

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy? _____ %

To what extent are you entitled to claim an Input Tax Credit on the GST for this vehicle? _____ %

Vehicle details

Vehicle 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

Detail modifications _____

Value \$ _____

Details of additional accessories _____

Value \$ _____

Where insured is a dealership, is vehicle declared as stock? Yes No

If Yes, please supply copy of stock card

If No, who is the registered owner of vehicle? _____

Driver details (include details of last driver if vehicle was stolen)

Driver's name _____

Date of birth _____ / _____ / _____

Telephone no. () _____

Driver's address _____
_____ State _____ Postcode _____

Licence No. _____ Class _____

Expiry _____ / _____ / _____ Years held _____

Was the vehicle being used with the insured's consent? Yes No

If Yes, reason for use? (Business, Private etc.) _____

If No, please complete Theft Details

Driver's relationship to insured? _____

How often does this driver use the 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 to any of above, provide details _____

Accident details

Date of occurrence _____ / _____ / _____ Time _____ AM / PM

Location _____
_____ State _____ Postcode _____

Accident

Describe events before, during and after the accident (include number of lanes, speed, parked, reversing etc.)

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 was at fault and why? _____

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

If Yes, please give details _____

Theft details

State where vehicle was stolen from _____

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

Was the vehicle locked? Yes No

Were the keys duplicated? Yes No

Where were the keys at the time? _____

Who has each set of keys? _____

Was the vehicle alarmed or fitted with an immobiliser? Yes No

State which _____

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

If not turned on, state reason _____

Has the vehicle been recovered? Yes No

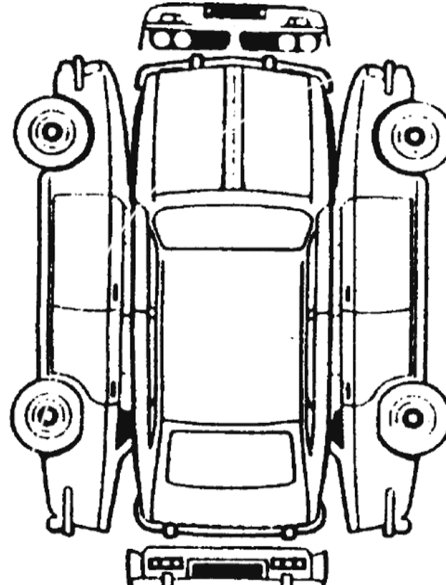
If Yes, by whom? _____

When and 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 Exterior Undercarriage All over

Please describe the damage

L

R

Is the vehicle driveable? Yes No

If vehicle towed, state by whom _____

Where can your vehicle be inspected? _____

Please attach any quotes that have been obtained

Police

Please state below whether the police were notified

No State reason _____

Yes Name of officer _____

Police station _____

Police report no. _____

Date _____ / _____ / _____

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) _____

Witnesses

Were there any witnesses to the event? Yes No

If Yes, please complete the following

Name _____

Telephone no. () _____

Address _____
_____ State _____ Postcode _____

Where was the witness? _____

Second witness

Name _____

Telephone no. () _____

Address _____
_____ State _____ Postcode _____

Where was the witness? _____

Third party details (Please complete the following if any other vehicles were involved or other property damaged)

Vehicle Year _____ Make _____
Model _____ Body type _____

Registration no. _____

Colour _____

Owner's name _____

Address _____
_____ State _____ Postcode _____

Telephone no. Home () _____ Work () _____ Mobile no. _____

Driver's name _____

Address _____
_____ State _____ Postcode _____

Telephone no. Home () _____ Work () _____ Mobile no. _____

Describe the damage to other vehicle or property _____

Name of other party's insurance company _____

Policy no. _____

If you have received any demands or notices from anyone, please submit with claim form.

Privacy Notice

The personal and sensitive information collected in this form and other information you or third parties provide in connection with this claim will be used to process this claim, compile and analyse data, and resolve claim disputes. If you do not provide this information to us we may not be able to process this claim.

We may have to disclose your personal and other information to third parties who assist us in assessing and processing this claim, including other insurers, health service providers, investigators, our specialist advisors, our service providers or as required by law.

You have the right to seek access to your personal information and to correct it at any time. For information about how you may access and request correction of personal information we hold about you, or complain about a breach of the Australian Privacy Principles, please see our privacy policy available at www.agdua.com.au or contact us on (02) 9687 4828 EST 9am-5pm, Monday to Friday.

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 1988 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 Associated General & Dealer Underwriting Agency Pty Ltd will be unable to process my/our claim.

Signature of Insured _____

Date ____/____/____

Position held _____

Signature of Driver _____

Date ____/____/____