



Action Insurance Brokers

“Service Solutions Security”

Licensed Financial Service Provider – AFSL# 225047

Principal Member – National Insurance Brokers Association

Motor Vehicle Claim Form

Dear Policyholder,

We're sorry to hear you've had an accident. Our aim is to settle your claim as quickly as possible.

You can help us do this by ensuring the enclosed claim form is completed promptly and that all questions are fully answered. If insufficient space, please attach a separate statement.

To ensure that repairs are underway quickly, you should obtain a quotation from a repairer. The quotation together with the completed claim form should be forwarded to us as soon as possible so we can advise your insurer and arrange for their assessor to inspect the damage. Provided the policy, claim form and quote are in order, repair work will be authorised without delay.

The information provided below may answer some of the questions which could arise following your claim:

1. The excess must be paid to the repairer when you collect your car unless prior arrangements have been made with us. If the accident was clearly someone else's fault, we will take recovery action against the person responsible for the accident and will include the amount of your excess. In the case of third party only cover, the excess must be paid to your Insurer at the time of submitting your claim.
2. Your no claim discount will not be affected provided you are able to prove that some person other than you or the driver of the insured vehicle was totally responsible for the accident and you are able to advise us of the name and address of that person.
3. If the other party involved in the accident has stated that you are being held responsible for the damage to the other vehicle or property, you should indicate that you will be lodging a claim with us and that any demands for compensation will be handled by your Insurer. Do not admit liability or make any offers or promises of payment without our consent.
4. If you receive a letter of demand and a quotation and/or account for the repairs to another person's vehicle or property, you must send this correspondence to us immediately. Any delays could result in additional costs.
5. Even if you feel you were not responsible for the accident, do not ignore letters of demand from the other party. Any correspondence from the other party should be forwarded to us. If you fail to act on the other party's letter of demand, it may result in a summons being served on you. If this happens, you must contact us immediately.
6. If you feel the repairs to your vehicle are unsatisfactory, you should discuss the problem with the repairer. If you are unable to reach agreement, then contact us.

If you have any problems during the period of your claim, please contact us and quote your claim number if you know it. We assure you of prompt attention to any queries you may have.

YOUR PRIVACY

The Privacy Act 1988 (Cth) requires Action Insurance Brokers to make the following disclosure before collecting personal information about you after 21 December 2001:

- ◆ Action Insurance Brokers collects personal information in order to provide its various services which include insurance broking, claims management, risk management consultancy, underwriting management, and reinsurance.
- ◆ If the personal information Action Insurance Brokers requests from you is not provided, Action Insurance Brokers or any involved third party may not be able to provide the appropriate services.
- ◆ Action Insurance Brokers discloses personal information to third parties who are involved in the provision of our services. For example, in arranging and managing your insurance needs Action Insurance Brokers may provide information (including sensitive information such as health information) to insurers, reinsurers, other insurance intermediaries, its advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process. By signing this form and continuing to deal with us, you confirm on your behalf and/or on behalf of those you represent consent to Action Insurance Brokers and these parties collecting, using and disclosing personal and sensitive information about you.
- ◆ Action Insurance Brokers has a duty to maintain the confidentiality of its client's affairs which includes their personal information. Our duty of confidentiality applies except where disclosure of your personal information is with your consent or required by law.
- ◆ Action Insurance Brokers may make use of your personal information to provide you with information about its products and services.

Further details on the Action Insurance Brokers Policy are on our website: www.actioninsurance.com.au

Contact us

Simply contact the Action Insurance Brokers Privacy Officer on the details below if you would like to:

- ◆ Access the personal information Action Insurance Brokers hold about you
- ◆ Update or correct the information Action Insurance Brokers holds about you
- ◆ Discuss your privacy concerns
- ◆ Be removed from the mailing list to receive information about Action Insurance Brokers products and services

Privacy Officer
Action Insurance Brokers
P O Box 960, Windsor NSW 2756

E-mail: info@actioninsurance.com.au
Telephone: 02 45774537
Fax: 02 45878295

Claim No:

1. Policyholder

Full Name and Address of Policyholder	Occupation: Telephone No: Home (....) Bus. (....)
Insurer:	Policy No:
Expiry Date: / /	
For what purpose was the vehicle being used?	
GST Details: Are you registered for GST Purposes? Yes <input type="checkbox"/> No <input type="checkbox"/> ABN No: To what extent are you entitled to claim an Input Tax Credit for this policy?%	

2. Insured Vehicle

Make & Model		
Body Type:		Year of Manufacture:
Registration No:		Engine No:
V.I.N. No		Expiry Date of Registration: / /20
Name & Address of Finance Co. if applicable	..... .....
Have there been any engine, body or transmission modifications from the manufacturer's original specifications or any accessories added?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please give details:</i>	

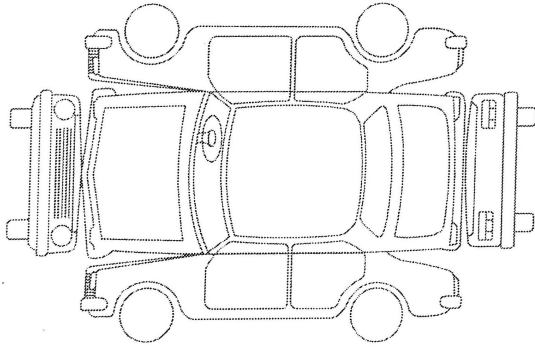
3. Driver (Please complete these details in respect of the person in charge of the vehicle at the time of the Incident)

Full Name and Address of Driver	Occupation: Sex (M or F) Date of Birth: / /	
Drivers Licence No:	State of issue:	
How long has the driver held a motor vehicle drivers licence?	Expiry Date of Licence: / /	
Was the vehicle being used with the full knowledge and consent of the policyholder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the relationship of the Driver to the Policyholder?	<input type="checkbox"/> Self <input type="checkbox"/> Relative <input type="checkbox"/> Employee <input type="checkbox"/> Friend <input type="checkbox"/> Other If Other, please describe:.....	
Have you (the Policyholder) or the driver of the vehicle at the time of the Incident:	(i) been involved in any previous motor vehicle accident in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (ii) been charged with any offence in relation to the use of a motor vehicle in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (iii) had any insurance declined or cancelled, been refused renewal of an insurance or had special terms imposed in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", to (i), (ii) or (iii), please give details below:	
Name	Date	Particulars (eg, name of insurance company, details of charges etc)
	/ /	
	/ /	
	/ /	
Was the driver under the influence of any drug or alcohol at the time of the accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please state what drugs or how much alcohol was consumed by the driver in the 12 hours prior to the accident:	..... .....
Did the driver undergo a breath test?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what was the reading?	
Has the driver's motor vehicle licence ever been cancelled or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details:	

4. Incident Date

Date of Incident	/ /20	Time of Incident	am/pm
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5. Details of Incident

Name of street where Incident occurred																		
If at an intersection, names of intersecting streets																		
Suburb, Town, City																		
State clearly and fully how the Incident occurred (if insufficient space, attach separate statement)																		
Was the street wet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																	
Did the other party admit liability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, please give details:																
Who do you believe is at fault?																		
Are you claiming for damage to your vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																	
Was the vehicle Towed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																	
Where is the Vehicle now?																		
Shade in Damage to Vehicle Indicate Point of Impact (x)																			
Please draw sketch showing position of all vehicles and pedestrians at the time of the Incident:																			
<p>Please draw Sketch showing position of all Vehicles and Pedestrians at the time of the accident. Show also position of all Traffic Lights, Signs, and Pedestrian Crossings.</p> <p style="text-align:center;">SYMBOLS</p> <table style="width:100%; border:none;"> <tr> <td style="width:25%;">Street Intersection</td> <td style="width:10%; text-align:center;"></td> <td style="width:25%;">Pedestrians</td> <td style="width:10%; text-align:center;"></td> </tr> <tr> <td>Curved Street</td> <td style="text-align:center;"></td> <td>Stop Sign</td> <td style="text-align:center;"></td> </tr> <tr> <td>Your Vehicle</td> <td style="text-align:center;"></td> <td>Give Way Sign</td> <td style="text-align:center;"></td> </tr> <tr> <td>Other Vehicle</td> <td style="text-align:center;"></td> <td>Traffic Lights</td> <td style="text-align:center;"></td> </tr> </table>	Street Intersection		Pedestrians		Curved Street		Stop Sign		Your Vehicle		Give Way Sign		Other Vehicle		Traffic Lights		<p style="text-align:center;">:SHOW NORTH BY ARROW:</p> <div style="border: 1px dotted black; height: 150px; width: 100%;"></div>		
Street Intersection		Pedestrians																	
Curved Street		Stop Sign																	
Your Vehicle		Give Way Sign																	
Other Vehicle		Traffic Lights																	
Did the driver suffer any injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																	
If Yes, was medical attention required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																	
If Yes, state name and address of doctor or hospital																		
Please indicate Insured Vehicle's speed immediately prior to accident	<input type="checkbox"/> Stationary	<input type="checkbox"/> Under 30 km/h	<input type="checkbox"/> 30-60km/h																
	<input type="checkbox"/> 60-80km/h	<input type="checkbox"/> 80-100km/h	<input type="checkbox"/> Over 100km/h																
Please indicate Other Vehicle's speed immediately prior to accident	<input type="checkbox"/> Stationary	<input type="checkbox"/> Under 30 km/h	<input type="checkbox"/> 30-60km/h																
	<input type="checkbox"/> 60-80km/h	<input type="checkbox"/> 80-100km/h	<input type="checkbox"/> Over 100km/h																

Was the vehicle towed from scene of accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give name of towing contractor
Did you authorise this towing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where can the vehicle be inspected? (If at a repairer's premises - name & address of repairer)	..... ..... .....Phone:.....
Estimated Cost of Repairs (including parts)	\$ Repair Quotation No:

6. Police

Date reported to Police	..... / ..... /20	Time reported to Police	..... am/pm
Did the Police attend the Incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state: (i) From which Police Station? (ii) Police Event Number (iii) Name of Officer		
If an Accident, Did the Police indicate which driver was at fault?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state: (i) Name of driver charged or cautioned (ii) Nature of charge or caution		

7. Other Parties (Please complete this section if any other vehicles or property involved)

Number of other vehicles involved	.....
Owner's name and address, phone number	...............Postcode.....
Licence Number	..... Age: yrs
Make and Model of Vehicle	.....
Registration Number	.....
Driver's name and address, phone number	...............Postcode.....
Please give particulars of damage to other party's vehicle and/or property	...............

NB: (If more than one third party involved, please provide similar particulars on a separate sheet)

8. Witnesses

Passengers in Insured Vehicle	Names	Addresses

Independent Witnesses	Names	Addresses

9. Declaration

The information and answers given above are a true and complete statement of the facts and matters relating to the happening for which this claim is made, and no information likely to affect this claim has been withheld. I authorise my Insurer to undertake on my behalf whatever actions are necessary to indemnify me within the terms of my policy including if necessary, removal of my vehicle to alternative premises to enable repairs to be carried out by a qualified Motor Body Repairer. I understand that this claim may be refused if information is untrue, inaccurate or concealed.

I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify YOURCOY in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/we acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Driver's Signature Date:/...../.....
Policyholder's Signature Date:/...../.....