

Regional Insurance Brokers Pty Ltd T/as Tradesure

AFSL ABN 45 010 723 967

PO Box 1492 Buddina QLD 4575 1800 872 331 http://www.tradesure.com.au

Dear Sir/Madam,

Re: Claim for Motor Vehicle

To enable us to promptly attend to lodgement of your claim, would you please complete the attached claim form and return with all other relevant information as listed on the last page, titled "How to make a claim".

We ask that you ensure all information is provided in the first instance to ensure no delays in settlement occur.

Whilst every effort has been made to ensure these details are correct, please take this opportunity to ensure that any pre-filled details are correct.

Policy Number Insurer

Motor Vehicle Claim

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

General Details			
Policy Number			
Insured Name			
Address			
Phone Number			
Email			
Interested Party			
Are you the sole owner of the vehicle?	No Yes – please provide details		
Is there any other Insurance in force which would cover this in whole or part?	No Yes – please provide details		
Are you registered for GST?	No Yes		
ABN Number			
Are you entitled to claim an input tax credit on the		No Yes - Are you entitled to claim an amount less	
GST component of the premium applicable to this		than 100%?	
Policy?		No Yes - specify amount claimed	%
Are you entitled to claim an input tax credit for		No Yes - Are you entitled to claim an amou	unt less
repairs or replacement of the item that has	been lost	than 100%?	
or damaged?		No Yes - specify amount claimed	%
Insured Vehicle			
Year/Make/Model			
Registration Number			
Registration Expiry Date			
Colour			
Engine Number			
Chassis Number			

Class of Vehicle	Sodan or Station Wagen			
Class of Verticle	Sedan or Station Wagon			
	Van, Utility up to 2t			
	Rigid Vehicle 2-5t			
	Rigid Vehicle 5-10t			
	Rigid Vehicle over 10T			
	Articulated Prime Mover			
	Trailer			
	Bus or Coach			
	Light Construction or Earthmoving Plant			
	Heavy Construction or Earthmoving Plant			
	Other			
Trailer Details (if applicable) Year/Make/Type/Registration Number				
Insured Driver				
NB: for parked or unattended vehicles, Driver = Last custodian of vehicle at the time of loss				
Full Name & Contact number				
Address/State/Postcode				
Date of Birth				
Drivers Licence Number				
Expiry Date				
Years licence held				
Class of Licence				
Registered Owner of the vehicle				
Is the driver an employee? If not, state relationship				
Disclosure				
Have you had an insurance policy cancelled, declined or conditions imposed on an insurance policy in the last y years?	Yes No			

Have you had any traffic convictions or been involved in any motor vehicle accident in the past 5 years?	Yes No		
If Yes, give details			
Have you been convicted of or had any fines or penalties imposed for any criminal offences in the last 10 years?	Yes No		
If Yes, give 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 Vehicle			
Was your vehicle damaged?	Yes No		
Was your vehicle towed away?	Yes No		
Have you obtained a repair quote?	Yes No		
Repairers Name and Address			
Amount of Damage			
If not drivable, where can the vehicle be inspected?			
Please show the damaged areas to your vehicle on the diagram			
Accident Details			
Date of Loss	Time of Loss	am/pm	

Vehicle Use	Business / Private	
Location/Street of Accident		
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 other useful information. Indicate your own vehicle as Other vehicles as		
Who do you consider was at fault?	Myself Other driver Other	
Estimated Speed of your vehicle just before the accident		
Estimated Speed of the other vehicle just before the accident		
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 their Name/Address/Contact details		
Did the Police attend the accident?	Yes No	
If yes, please provide Name/Station/Report Number		
If no, state time and date reported (or N/A)		
Did the police indicate who was at fault?	Yes No	

If yes, name of driver				
Did the police charge either driver or suggest action may be taken?	Yes No Charge			
Damage to Third Party or other vehicle/property				
Name of other driver				
Address of other driver				
Contact number and/or email of other driver				
Driver Licence number of other driver				
DOB of other driver				
Year/Make/Model & Registration of other vehicle				
Insurance Company/Policy number of other driver				
Description of their damage				
(If more than one, give details of each additional vehicle/property below or add separate page)				
Name of other driver				
Address of other driver				
Address of other driver Contact number and/or email of other driver				
Contact number and/or email of other driver				
Contact number and/or email of other driver Driver Licence number of other driver				
Contact number and/or email of other driver Driver Licence number of other driver DOB of other driver				
Contact number and/or email of other driver Driver Licence number of other driver DOB of other driver Year/Make/Model & Registration of other vehicle				
Contact number and/or email of other driver Driver Licence number of other driver DOB of other driver Year/Make/Model & Registration of other vehicle Insurance Company/Policy number of other driver				
Contact number and/or email of other driver Driver Licence number of other driver DOB of other driver Year/Make/Model & Registration of other vehicle Insurance Company/Policy number of other driver Description of their damage	Yes No			

Privacy

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to an overseas insurer (like Lloyd's of London) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We will try to tell you where those companies are located at the time of advising you. We do not trade, rent or sell your information.

If you don't provide us with full information, we can't properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy or visit our website.

Internal Dispute Resolution (IDR) Statement

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

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 misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.
- 2. I/We acknowledge that I/we have read and understood the Privacy Act 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.
- **3.** I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.
- 4. 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.

Signature:

Date:

EFT Payment Details (Please complete this section if you require payment directly into your account)				
Account Name				
BSB:		Account Number		
Bank Name		Address:		
Email Address for payment notification:				

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. 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.

- **3.** 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.
- **4.** 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).
- **5.** 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.