



**Tradesure Pty Ltd**  
**2 INNOVATION PARKWAY BIRTINYA QLD**  
**PO BOX 1098 BUDDINA QLD 4575**  
**TELEPHONE: 1800 872 331**  
**FAX: 07 5439 1922**  
**E-MAIL: info@tradesure.com.au**  
**WEB: www.tradesure.com.au**

**AFS Licence Number: 244330**  
**ABN: 17 140 340 361**



**Motor Vehicle Insurance 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.

Policy Number  RIB Ref No

**Insured**

Insured's Name

Address for Notices

Client Phone  Occupation

Are you the sole owner of the insured vehicle? Yes  No

If NO, who is the owner?

Interested Party

What is their Australian Business Number (ABN)?  -  -  -

Are they registered for GST? Yes  No

To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium?  %

**Insured Vehicle**

Make & Model  Year

Rego Number  Rego Expiry Date  Colour

Engine No  Chassis No

**Class of Vehicle**

Sedan or Station Wagon	<input type="checkbox"/>	Bus or Coach	<input type="checkbox"/>
Van or Utility up to 2T	<input type="checkbox"/>	Light Construction or earthmoving Plant	<input type="checkbox"/>
Rigid Vehicle over 2T and up to 5T	<input type="checkbox"/>	Heavy Construction or earthmoving Plant	<input type="checkbox"/>
Rigid Vehicle over 5T and up to 10T	<input type="checkbox"/>	Trailer	<input type="checkbox"/>
Rigid Vehicle over 10T	<input type="checkbox"/>	Other	<input type="checkbox"/>
Articulated Prime Mover	<input type="checkbox"/>		

**Trailer Details (if applicable)**

Make	<input type="text"/>	Type	<input type="text"/>
Year	<input type="text"/>	Registration No	<input type="text"/>

**Driver**

For parked or unattended vehicles, the Driver is the Vehicle's custodian at the time of loss.

Surname	<input type="text"/>		Given Name(s)	<input type="text"/>			
Address	<input type="text"/>				Postcode	<input type="text"/>	
Phone No.	<input type="text"/>	Date of Birth	<input type="text"/>	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
Driver Licence	<input type="text"/>	Expiry Date	<input type="text"/>	Years held	<input type="text"/>		
Class of Licence	<input type="text"/>						
Registered owner of vehicle	<input type="text"/>						
Are you an employee?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If not, state relationship	<input type="text"/>	

Have you had an insurance policy cancelled, declined or conditions imposed on an insurance policy in the last 5 years?

Yes  No

If Yes, please give details.

.....

.....

.....

Have you had any traffic convictions or been involved in any motor vehicle accidents in the past five (5) years?

Yes  No

If Yes, please give details.

.....

.....

.....

Have you been convicted of or had any fines or penalties imposed for any criminal offences in the last 10 years? If Yes, please provide details.

Yes  No

.....

.....

.....

Have you had any policies decline, cancelled or conditions imposed for any insurance policy?

Yes

No

-----  
-----  
-----

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? If Yes what was the result?

Yes

No

-----  
-----  
-----

Did you refuse to undergo any of the above tests?

Yes

No

**Damage to insured vehicles**

Was your vehicle damaged?

Yes

No

Was your vehicle towed away?

Yes

No

Have you obtained a repair quote?

Yes

No

Amount \$

(Attach Quote)

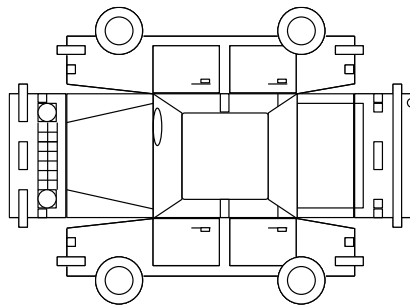
Repairer Name/Details

If not driveable where can the vehicle be inspected?

Full address

Phone No

Show the damaged areas to your vehicle on the following diagram.



-----

### Accident Details

Date  Time  am/pm Vehicle Use: Business  Private

What was the accident location?

Street  Suburb  P/code

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 **A**

Indicate any other vehicles as **B**

Who do you consider was at fault? Myself  Other driver  Other

Estimated speed of Your vehicle just before the accident  KPH

Estimated speed of Other vehicle just before the accident  KPH

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 names & addresses.

.....

.....

Did Police attend the accident? Yes  No

If Yes, Police station  Name/Number of officer

If No, state time and date reported to Police

Police Report Number:

Did Police indicate who was responsible? Yes  No

If Yes, Name of driver?

Did Police charge either driver or suggest action may be taken?

Yes

No

Charge

**Damage to other vehicle or property**

	Vehicle or Property No 1	Vehicle or Property No 2
<b>Name of other driver</b>		
Age		
Phone No.		
Licence No.		
Vehicle Make & Model		
Rego No.		
<b>Name of registered Owner</b>		
Address		
Phone No.		
<b>The other insurance Company</b>		
Policy Number		
<b>Description of Damage</b>		

### Personal Injuries

Was anyone injured in the accident?

Yes

No

Name	Type of injury	Injured Party (Passenger/Driver)	Vehicle (Registration 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. 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.
3. 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.
4. 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.

Driver's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Insured's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 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:

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.
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, then forward any letters of demand with quotations.