

Motor Vehicle Claim Form

Guide for completion

Please complete all sections of this form and attach at least one quotation from a reputable repairer of your choice. Please also note the following:

1. The completion of this form does not constitute policy acceptance by the insurer.
2. Failure to notify a matter immediately after the event or after you become aware of the event may enable the insurer to reduce or avoid any liability incurred.
3. Please ensure that you answer all questions in full and honestly. The form must be signed and dated.
4. If you do not believe a question is applicable, please write 'n/a'.
5. Original hard copy records are required by the insurer. Should you require them to be returned, please include a written request advising same. Photocopies are not acceptable for audit reasons.
6. All communications with the Insurer and Aon should be marked 'Private and Confidential'.
7. If anyone holds you responsible for their accident or injury, please insist that their claim must be in writing.
8. Do not admit liability to any claimant and do not disclose to the claimant the existence of any insurance you may have in place.
9. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
10. Salvage remains the property of the insurer.
11. Any attachments will form part of this claim report and the declaration will include them.

Privacy and collection statement

The insurer includes information about how they manage your personal information in their Product Disclosure Statements and Policy booklets. You can obtain a copy of the insurer's statement from their website or contact the Compliance Manager.

1. Insured Details

Name of insured (Company name and given name)	<input type="text"/>		
Postal address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		
Motor Insurance Policy Number	<input type="text"/>	Expiry Date (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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2. Insured Vehicle Details

Make of vehicle Model Year of manufacture
Registration number Colour Engine number

Registered owner (Full name and address)

Do you owe money on the vehicle? Yes No

If 'Yes', please state the name and address of other interested party(ies):

Was the vehicle being used for business or private use? Business Private

3. Driver Details

Name of driver (If same as the insured, please state 'as above')

Address

Postcode

Phone Mobile

Email

Date of birth (dd/mm/yyyy) Sex Male Female

Driving experience Relationship to the insured

Licence number Class Expiry date (dd/mm/yyyy)

How long has the driver been licensed to drive this type of vehicle? (Years)

Did the driver drink any alcohol or take any drugs in the 24 hours prior to the accident? Yes No

If 'Yes', please give details

Did the driver undergo a breath test, breath analysis or blood test? Yes No

If 'Yes', please give details including what was the reading and attach a copy of the certificate

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4. Incident Details

Date of incident (dd/mm/yyyy) Time am pm

Where did the incident happen including the street, suburb and nearest cross street?

Road surface Dry Wet Loose
At the time of the accident the insured vehicle was: Parked Stationary

If neither of these, please state what the speed of the moving vehicle was

Traffic controls None Stop sign Traffic lights Roundabout Give way sign
Other

Number of vehicles involved

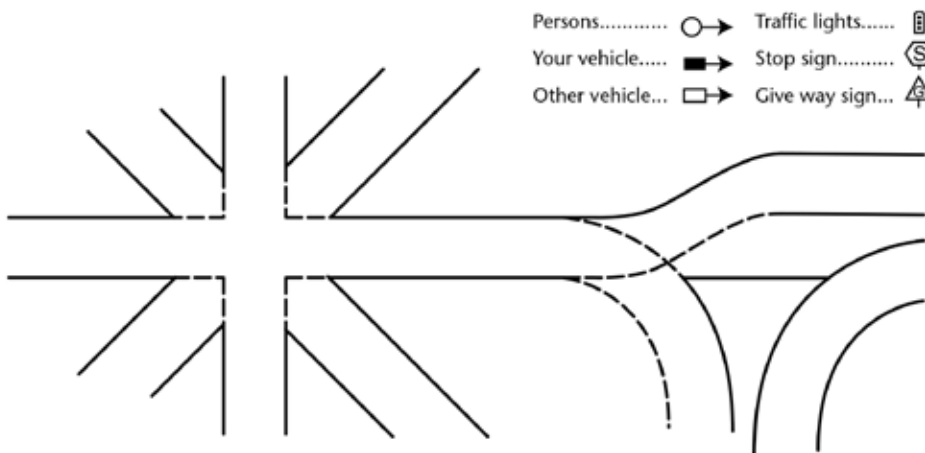
At the time of the accident were any goods or merchandise being carried? Yes No

If 'Yes', state what and the approximate weight

Describe fully how the accident occurred? (Describe in detail the circumstances leading up to the accident and how the accident happened. It is important to be as accurate as you can. Please tell us all the facts, even if they are not in your favour.) Attach details.

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Sketch diagram of accident. Name the streets, indicate the direction of travel, note your vehicle with an 'X' and other vehicle with 'Y'.



5. Damage to Insured Vehicle

Are you claiming for the damage to your vehicle?

Yes No

If 'Yes', please obtain at least one quotation for repairs and forward to your Aon service representative.

Was the vehicle towed?

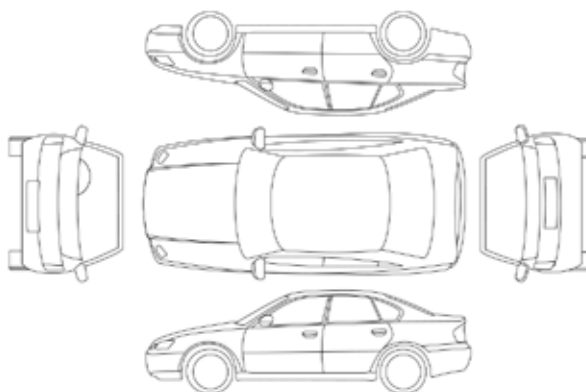
Yes No

If 'Yes', please state the name of the towing company

Where was the vehicle towed to and what distance was it towed?

Where is the vehicle now?

On this diagram, please shade the areas damaged to your vehicle in the incident and indicate the point of impact with 'X'.



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6. Passenger(s) Details

Give the names and addresses of all the passengers in your vehicle at the time of the accident

Name	<input type="text"/>	Address	<input type="text"/>
Name	<input type="text"/>	Address	<input type="text"/>
Name	<input type="text"/>	Address	<input type="text"/>
Name	<input type="text"/>	Address	<input type="text"/>

7. Witness(es) Details

Give the names and addresses of all independent witnesses, not passengers in the insured vehicle

Name	<input type="text"/>	Address	<input type="text"/>
Name	<input type="text"/>	Address	<input type="text"/>
Name	<input type="text"/>	Address	<input type="text"/>
Name	<input type="text"/>	Address	<input type="text"/>

If witnesses were present and you do not have their details do you think the police would have that information? Yes No

8. Owner of Other Vehicle

Should a Third Party be at fault, your insurer will require the following information to waive your excess: Driver's name, residential address, licence details and phone number.

Name	<input type="text"/>		
Postal address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		
Motor Insurance Policy Number	<input type="text"/>	Expiry date (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of insurer (if known to you)	<input type="text"/>	Policy number	<input type="text"/>
Make of vehicle	<input type="text"/>	Model	<input type="text"/>
		Year of manufacture	<input type="text"/>
Registration number	<input type="text"/>	Colour	<input type="text"/>
		Engine number	<input type="text"/>

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9. Driver of other vehicle

Name

Postal address

Suburb State Postcode

Phone Mobile

Email

Date of birth (dd/mm/yyyy) Driver's license number

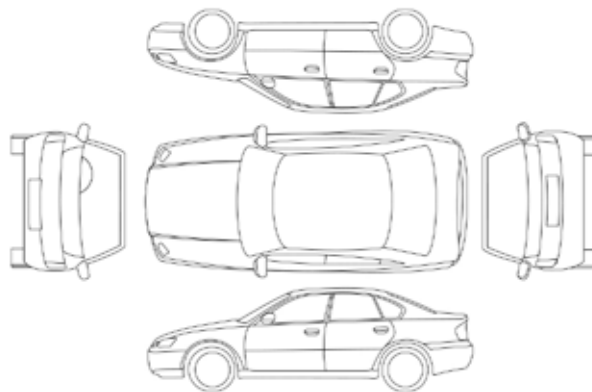
Was the owner in the vehicle at the time of the accident? Yes No

If there is more than 1 other vehicle involved, please attach details.

Make of vehicle Model Type

Other vehicle's registration number Year of manufacture Colour

Sketch diagram – shade in damage to the other vehicle. Indicate point of impact with 'X'.



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10. Police

Did a police officer attend the accident scene? Yes No
OR did you report the incident to the police? Yes No

If yes, please advise the name of the police officer

Rank Where stationed

Date of report (dd/mm/yyyy)

Please attach copy of Police Report.

Name of person to be charged or cautioned
Nature of charge or caution

11. Owner and Driver History

- In the last 5 years have you as owner or the driver of this vehicle:
- (a) Had any insurance refused, declined or cancelled by an Insurer or any special conditions imposed? Yes No
 - (a) Did a police officer attend the accident scene? Yes No
 - (b) Been convicted or charged with:
 - Drug use, driving under the influence, or exceeding the prescribed concentration of alcohol? Yes No
 - Any driving offences or speeding infringements? Yes No
 - Fraud, arson, theft or any other criminal act? Yes No
 - (c) Had a drivers or motorcycle licence cancelled, suspended or endorsed? Yes No
 - (d) Had a claim or accident? Yes No
 - (e) Had a car stolen or burnt out? (Include any not reported or not claimed from an insurer) Yes No
 - (f) Suffered or suffer from impaired eyesight (excluding wearing of glasses), loss of or use of any limb or loss of hearing or from any physical defect or epileptic, diabetic, heart or mental condition? Yes No

If you answered 'Yes' to any of the above questions, please provide relevant details including the name of the driver, date of the incident, details of each incident, your insurer and the person at fault

12. Goods and Services Tax

To ensure that you do not incur any unnecessary GST liabilities on this claim please complete these details.
Are you registered for GST? Yes No

What is your ABN?

Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the policy? Yes No

Will you be claiming an amount less than 100%? Yes No Specify amount claimed (%)

Are you entitled to claim an input tax credit for repairs

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or replacement of the item that has been lost or damaged? Yes No Specify amount claimed (%)

13. Declaration

I/We declare that:

1. I/We the Insured do solemnly and sincerely declare that I/we have complied with the terms and conditions of the Policy and in no manner caused the said loss or damage or sought unjustly to benefit thereby by any fraud or wilful misrepresentation and that the information shown on this form is true and that I/we have not concealed any information relating to this claim.
2. I /We understand the claim may be refused or reduced if information is withheld.
3. I/We authorise the insurer to disclose information contained herein to their advisors, reinsurers and to other insurers. I/We authorise the insurer to obtain from any other party information that is, in the insurer's view relevant to this claim.

Signature of insured

Date (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Aon is a leading provider of risk management services, insurance and reinsurance broking, financial planning and employee benefit and risk solutions. Aon professionals meet the diverse and varied needs of our clients through our industry knowledge, technical expertise and global resources.

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