



Proclaim - MOTOR INSURANCE GENERAL CLAIM FORM

ABOUT YOUR CLAIM:

1. The Policy Holder

My Name	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Given Name(s): _____
Surname / Company:	_____				
My Postal Address:	_____ _____ Postcode: _____				
My Telephone No:	Work: () _____	Home: () _____	Mobile _____		
My Policy No:	_____	Which expires on: ____/____/____	Date of Birth: ____/____/____	Age: _____	
Occupation	_____ If a company, provide ABN No: _____				

2. The Insured Vehicle

Name of registered owner of vehicle(s):	_____	Registration No: _____
Year of Manufacture:	_____	Model _____
Type:	_____	Carrying Capacity: _____
Engine No:	_____	Chassis/Vin No: _____
Is the vehicle financed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES, type of finance: _____
Name of Company:	_____	Account/Loan No: _____
Is the vehicle subject to Sales Tax Exemption?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES, provide Exemption No: _____
For what purpose was the vehicle being used at the time of the incident?	_____	
Was the vehicle being used with the policy holder's consent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. The Driver of the Insured Vehicle

Was the driver the Policy Holder? No
Yes

Was the driver nominated as a driver on the schedule? Yes No

Part A

Driver's Name:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Given Name(s): _____	Surname: _____
Driver's Address:	_____ _____ Postcode: _____ Date of Birth: ____/____/____ Age: _____					
Driver's Telephone No:	Work: () _____	Home: () _____	Mobile: _____			
Is the driver licensed to drive this type of vehicle:	Yes <input type="checkbox"/> No <input type="checkbox"/>					
	If NO, state the type of license the drivers holds: _____					
	If YES how long has the driver held this type of license: _____					
	Driver's Relationship to the Insured: _____					

Part B

Driver's Occupation:	_____				
Driver's Licence Details:	Number: _____	Expiry Date: ____/____/____			
	How long has the driver held an Australian Licence? _____				
	Send us a copy of the drivers license.				
	Has the driver ever made a claim under a Motor Vehicle Policy?				Yes <input type="checkbox"/> No <input type="checkbox"/>
	If YES, please give details: _____				
	Has the driver in the last 5 years had a driving licence endorsed, suspended or cancelled?				Yes <input type="checkbox"/> No <input type="checkbox"/>
	If YES, please give details: _____				
	Were intoxicating liquor or drugs consumed by the driver within 24 hours prior to the incident?				Yes <input type="checkbox"/> No <input type="checkbox"/>

If YES, state how much and when: _____

Was the driver given
 A breath test? Yes No If YES, what was the result? _____
 Or a drug test? Yes No If YES, what was the result? _____
 Or a blood test? Yes No If YES, what was the result? _____

IF YOU ANSWERED YES, AND YOU WERE GIVEN AN ANALYSIS CERTIFICATE, PLEASE ATTACH THIS CERTIFICATE TO THIS FORM

Did the driver refuse to undergo any of the abovementioned tests? Yes No

Part C

Vehicle Modifications Has the vehicle been modified or converted from the manufacturer's specification or fitted with accessories other than those supplied by the manufacturer? Yes No
 If YES, describe the modifications/accessories:

Previous Damage Was there any unrepaired damage to the vehicle before the accident? Yes No
 If YES, described the unrepaired damage:

4. The Incident Theft or Damage

Date: ____/____/____ Day of incident: _____ Time of incident: _____ AM PM

Location: (incl. cross streets) _____
 Metro Country

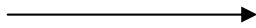
Speed: What speed were the vehicles doing at the time of the incident? Your vehicle: _____ kph Other Vehicle _____ kph

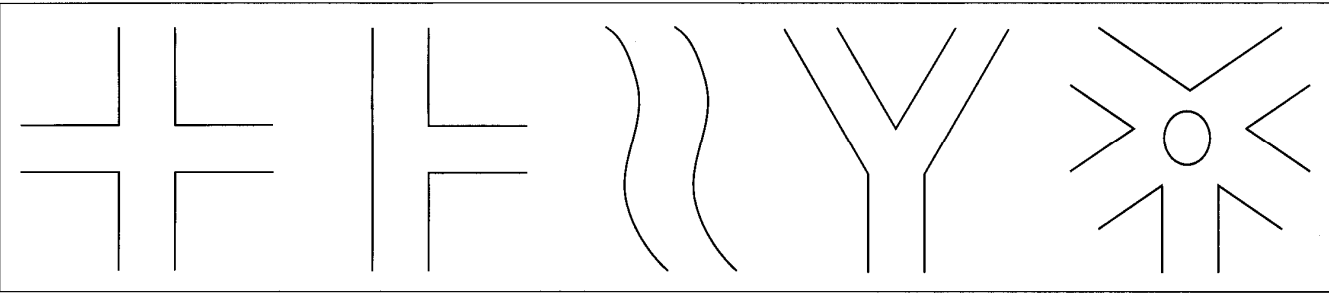
Traffic Controls: Roundabout traffic lights give way sign other
 stop sign railway crossing none

Road Surface Rough dry wet loose

No. of vehicles involved: _____ Whom do you consider to be at fault? _____
 Why? _____
 State fully and clearly how the incident occurred: _____

5. Sketch Diagram of Incident

Only complete this if the incident involved a collision with another vehicle.
 Mark the insured vehicle as 1, and number other vehicles as 2, 3, 4 etc. Indicate direction of travel, ie 

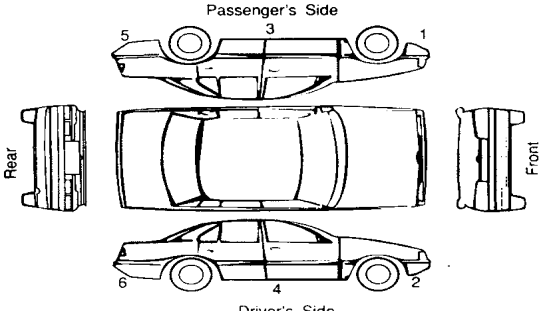


6. The Police

Did a Police Officer attend the incident? Yes No If NO, did you report this incident to the Police? Yes No
 If YES, name of Police Station: _____ Date: ____/____/____ Time: ____ AM PM

Name of Police Officer: _____ Did the Police Officer indicate who was responsible? Yes No
 Name of person(s) charged or cautioned: _____
 Nature of charge or caution: _____

7. Damage to Insured Vehicle

Do you intend claiming for damages to your vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> Where is the vehicle now: _____ _____ Telephone Number: _____ Was the vehicle towed? Yes <input type="checkbox"/> No <input type="checkbox"/> Name of tow company: _____ Distance vehicle towed: _____ kms PLEASE SHADE THE DAMAGED AREAS: _____ →	
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8. The Other Vehicles Involved

If there was more than one other vehicle involved, please write the details on a separate sheet.

Owner's Name: Mr Mrs Miss Ms Given Name(s): _____ Surname: _____

Owner's Address: _____
 _____ Postcode: _____

Owner's Telephone No: Work: () _____ Home: () _____ Mobile: _____

Vehicle details: Registration No: _____ Make of Vehicle: _____
 Year of Manufacture: _____ Model _____ Colour: _____
 Insurance Company which insures this vehicle: _____ Policy No: _____

Driver's Name: Mr Mrs Miss Ms Given Name(s): _____ Surname: _____

Driver's Address: _____
 _____ Postcode: _____

Driver's Telephone No: Work: () _____ Home: () _____ Mobile: _____

Driver's Licence No: _____ Expiry Date: ____/____/____ Date of Birth: ____/____/____

How many people were in the vehicle? _____

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

Please describe the vehicle damage: _____

9. Damage to Property Other Than Vehicles

Please describe the property and the damage: _____

Owner's Name: Mr Mrs Miss Ms Given Name(s): _____ Surname: _____

Owner's Address: _____
 _____ Postcode: _____

Owner's Telephone No: Work: () _____ Home: () _____ Mobile: _____

10. Witnesses

Were there any witnesses? Yes No *If NO, proceed to Question 11*

WITNESS 1: Was the witness in the insured vehicle? Yes No
 Name: _____
 Address: _____
 Telephone No: Work: () _____ Home: () _____

WITNESS 2: Was the witness in the insured vehicle? Yes No
 Name: _____
 Address: _____
 Telephone No: Work: () _____ Home: () _____



11. Injuries

Please tell us about anyone who was injured:

Name: _____
Address: _____
Description of Injury: _____

Name: _____
Address: _____
Description of Injury: _____

12. Emergency Repair & Towing Costs

Do you intend to lodge a claim for the following costs resulting from a collision?

Emergency Repair Costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount: \$ _____
Reasonable Towing Costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount: \$ _____
Other Costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount: \$ _____

REFER TO POLICY FOR COVERAGE PARTICULARS AND APPLICABLE SUB-LIMITS.
IF YOU HAVE RECEIPTS RELATING TO THE ABOVE, PLEASE ATTACH THEM TO THIS CLAIM FORM

13. Declaration/Authority

The information and answers given above are truthful, accurate and frank. 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.

Driver's Signature: _____ Date: ____/____/____

Policy Holder's Signature: _____ Date: ____/____/____
(and Company Stamp if applicable)

PLEASE CHECK THAT THIS DOCUMENT HAS BEEN FULLY COMPLETED

14. Additional Comments

Empty box for additional comments.