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## **CLAIM FORM**

**Motor (Own Damage)**

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Assetinsure Pty Ltd  
ABN 65 066 463 803  
44 Pitt Street Sydney NSW 2000

PO Box R299  
Sydney NSW 1225  
Australia

T (02) 9251 8055  
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[www.assetinsure.com.au](http://www.assetinsure.com.au)



## CLAIM FORM – Motor (Own Damage)

This form is issued to enable the Insured to lodge a written statement of claim. It does not constitute an admission of liability on behalf of Assetinsure.

### IMPORTANT NOTICE

**PLEASE CALL 03 8769 0251 FOR 24/7 TOWING ASSISTANCE**

Please read the Claim Form fully before answering the questions.

Please answer all questions relating to your claim as fully as possible. Please use the blank page at the end of this document if there is insufficient space for any of your answers or for any further comments.

If your vehicle is damaged please obtain one quotation for the repair of your vehicle from a reputable repairer of your choosing. Please forward this quotation to us with your completed claim form.

We may contact you for additional information, request a second quotation or appoint a loss adjuster or investigator.

Generally, we will have repairs authorised and paid for following assessment of the damage.

### ACCIDENTS INVOLVING ANOTHER VEHICLE(S) – PLEASE NOTE

**If anyone holds you responsible for their accident/injury, DO NOT admit liability. Insist their claim must be in writing.**

Please refer any third party involved in the accident to Assetinsure Pty Ltd if they contact you about a claim.

Please immediately forward any writ, summons demand letter or any correspondence received from a law firm to Assetinsure Pty Ltd

### DETAILS OF INSURED

1. Insured's Full Name

Insured's Address

Suburb

State

Postcode

Occupation:

Policy Number  
(if known)

ABN

Policy Period: From

To

dd/mm/yyyy

dd/mm/yyyy

### PERSON TO BE CONTACTED

Name

Telephone

Fax

xx xxxx xxxx or xxxx xxx xxx

xx xxxx xxxx or xxxx xxx xxx

Email Address

2. Are you registered for GST purposes? . . . . . Yes / No

3. Have you claimed, or are you entitled to claim, an ITC for the GST applicable to the policy premium? . . . . . Yes / No

Please specify your percentage entitlement. %





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5. Driver's Licence Number Class
- Expiry Date State Issued Driving experience (years)  
(dd/mm/yyyy)
6. Relationship to the insured?
7. Was this person driving the vehicle with the knowledge and consent of the insured? . . . . . Yes / No
8. Did the driver consume alcohol or take any drugs within the 12 hours prior to the collision? . . . . . Yes / No  
 If YES, please provide details of how much was consumed and when
9. Was the driver under the influence of alcohol or drugs at the time of the collision? . . . . . Yes / No
10. Was the driver breathalysed or undergo a blood test? . . . . . Yes / No  
 If YES, what were the results?
11. Has the driver had insurance refused or cancelled, had a renewal refused or cancelled or had any special conditions imposed by an insurer? . . . . . Yes / No  
 If YES, please provide details?
12. Has the driver been charged with, or convicted of, any motoring offences (other than parking offenses) or been disqualified from driving in the past 5 years? . . . . . Yes / No  
 If YES, please provide details:
13. Has the driver been involved in a car accident in the past 5 years? . . . . . Yes / No  
 If YES, please provide details:
14. Has the driver claimed against an insurance company for damage to a vehicle in the past 5 years? . . . . . Yes / No  
 If YES, please provide details: Date of occurrence: (dd/mm/yyyy)





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10. Was your vehicle towed from the accident scene? . . . . . Yes / No

If YES, please provide:

Repair shop name

Phone Number

xx xxxx xxxx or xxxx xxx xxx

11. Who do you consider to be responsible for the loss or damage?

Name

Address

Suburb

State

Postcode

Phone Number:

Mobile

Relationship to the insured

Why?

12. Was any other property damaged as a result of the accident? . . . . . Yes / No

If YES, please provide:

Name of owner

Address

Suburb

State

Postcode

13. Was the accident reported to a Police Station? . . . . . Yes / No

If YES, please provide

Name of Station

Officer's name

Report Number

Date Reported

(dd/mm/yyyy)

Did the Police attend the accident? . . . . . Yes / No

If YES, please provide

Name of Station

Who do the Police consider was at fault?

Did the Police charge either of the drivers with an offence(s) or indicate that charges would be laid? . . . . . Yes / No

If YES, please provide details:



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14. Did any Fire Brigade attend the scene of the accident? . . . . . Yes / No

If YES, please provide

Name of the Fire Station

Officer's name

### THIRD PARTY DETAILS

- 1. Name
- 2. Date of birth
- 3. Address

Suburb

State

Postcode

4. Phone Number:

Mobile

5. Driver's Licence Number

6. Registered owner's name

7. Registered owner's address

Suburb

State

Postcode

8. Phone Number:

Mobile

9. Year

Make

Model

Colour

Registration Number

10. Insurance Company

11. Estimated cost of damage

12. Area of damage to other vehicle

### WITNESS DETAILS

- 1. Name
- 2. Age
- 3. Address

Suburb

State

Postcode

4. Phone Number:

Mobile





# CLAIM FORM – Motor (Own Damage)

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15. When was the vehicle parked there? (dd/mm/yyyy) Time

16. Who last saw the vehicle?

Name

Address

Suburb

State

Postcode

Phone Number:

Mobile

Relationship to the insured

17. When was the theft discovered? (dd/mm/yyyy) Time

18. Who discovered the theft?

Name

Address

Suburb

State

Postcode

Phone Number:

Mobile

Relationship to the insured

19. Were any other people present when the theft was discovered? . . . . . Yes / No

If YES, please provide:

Name

Address

Suburb

State

Postcode

Phone Number:

Mobile

Relationship to the insured

Name

Address

Suburb

State

Postcode

Phone Number:

Mobile

Relationship to the insured

20. How did you get home after the theft?



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21. What form of transport are you currently using?

22. Do you own another vehicle? . . . . . Yes / No

23. Have you made a previous theft claim? . . . . . Yes / No  
If YES, please provide details

24. What purpose was the vehicle being used for before the theft?

25. Describe in detail the circumstances leading up to and following the theft

26. Do you know who was responsible for the theft? . . . . . Yes / No

If YES, please provide:

Name

Address

Suburb

State

Postcode

Phone Number:

Mobile

27. Has the vehicle been recovered? . . . . . Yes / No

If YES, when was the vehicle recovered?

(dd/mm/yyyy)

Time

:

28. Who found the vehicle?

Name

Address

Suburb

State

Postcode

Phone Number:

Mobile

29. Was the vehicle damaged? . . . . . Yes / No

If YES, please provide details

30. Did the police attend the scene where the vehicle was recovered? . . . . . Yes / No

If YES, please provide:

Police officer's name:

Station



## CLAIM FORM – Motor (Own Damage)

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### B. HISTORY

1. Have you had any losses or previously made a claim against any insurance company in the past 5 years? . . . Yes / No  
If YES, please provide details of nature of loss, date of loss, insurer and value.
  
2. Have you had any insurance or renewal of insurance refused, cancelled, or had special conditions imposed? . . . Yes / No  
If YES, please provide details
  
3. Have you been charged with, or convicted of, any criminal offence? . . . . . Yes / No  
If YES, please provide details.
  
4. Have you been charged with, or convicted of, any motoring offences (other than parking offenses) or been disqualified from driving in the past 5 years? . . . . . Yes / No  
If YES, please provide details:



## CLAIM FORM – Motor (Own Damage)

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### ADDITIONAL INFORMATION



## CLAIM FORM – Motor (Own Damage)

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### Complaints - Dispute Resolution

If you do not agree with any decision we make in relation to your claim or are dissatisfied with the handling of your claim or the services of our loss adjuster or investigator, please write to us stating the nature of your complaint and the reasons why.

We will try to resolve the complaint immediately. If the complaint cannot be resolved Assetinsure provides an internal dispute resolution process should a dispute arise. For details contact Assetinsure's Compliance Manager Assetinsure Pty Ltd, 44 Pitt Street, Sydney or ringing (02) 9251 8055.

If you are not satisfied with the decision of the Internal Dispute Resolution Committee, the matter may be referred to an independent alternative dispute resolution body, the Financial Ombudsman Service (FOS), subject to eligibility.

Financial Ombudsman Service  
GPO Box 3  
Melbourne VIC 3001  
1300 78 08 08 (National Toll Free)  
Tel: (03) 9613 6300  
Fax: (03) 9613 6390

### Privacy Policy

Assetinsure is committed to safeguarding and protecting the privacy of personal information. We are bound by the provisions of the Privacy Act 1988 which sets out the standards to be met in the collection, use and disclosure of personal information.

If you require further information about our Privacy Policy, please refer to the detailed information on our website - [www.assetinsure.com.au/interest.asp](http://www.assetinsure.com.au/interest.asp)

If you want to access your personal information held by Assetinsure or wish to make a complaint in relation to privacy issues please contact us either electronically: [info@assetinsure.com.au](mailto:info@assetinsure.com.au) or [complaints@assetinsure.com.au](mailto:complaints@assetinsure.com.au) or at the address shown in this document.

### General Insurance Code of Practice

Assetinsure has adopted the General Insurance Code of Practice which stipulates minimum standards of service to our clients. If you would like further information in regard to the Code of Practice please refer to the Code of Practice website - [www.codeofpractice.com.au](http://www.codeofpractice.com.au) or our own website - [www.assetinsure.com.au/interest.asp](http://www.assetinsure.com.au/interest.asp)

## C. DECLARATION

On behalf of the Insured, I declare the above answers to be true and correct in every particular and acknowledge that Assetinsure may make its decision on indemnity having regard to these answers.

I consent to Assetinsure using the personal information which I have provided on this form for the purposes of processing this claim. I understand that if I choose not to provide the required details, Assetinsure may not be able to process this claim.

I consent to Assetinsure disclosing my personal information to other insurers, an insurance reference service, or as required by law. I also consent to Assetinsure disclosing my personal information to, and/or collecting information about me, from third parties such as investigators or legal advisers. Where I have provided information about another individual (for example an employee or client), I declare that the individual has or will be made aware of that fact. If you accept this statement, tick the box and complete the fields below.

Name

Date

dd/mm/yyyy