

MOTOR VEHICLE - CLAIM FORM

The Issue of this form is not an admission of Liability.

PLEASE COMPLETE THIS CLAIM FORM AND ENSURE THAT YOU SIGN THE DECLARATION AT THE END OF THIS FORM

JLT contact/Ref:		Insurer:	
Policy No.:		Excess:	

INSURED'S DETAILS

Name of Insured			
Postal Address			
State:		Postcode:	
Contact Name		Telephone No.	
E-mail Address:		Facsimile No.	

If more than one named insured is claiming for this loss, please answer this question for each insured on a separate page

Are you registered for GST purposes? (Tick box applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, what is your Australian Business Number (ABN)?		
Have you claimed or are you entitled to claim an Input Tax Credit (ITC) on your monthly or quarterly Business Activity Statement to the Australian Taxation Office in respect to the GST paid on the insurance policy under which this claim is being made?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, what percentage of the GST did you claim or are you entitled to claim? (if the GST paid and your ITC entitlements are the same amount, the answer to this question is 100%)	%	

NB: Insurers cannot settle your claim without the above information and, if you fail to advise the availability of an ITC or understate its availability, you may have a liability to pay tax on the claim payment. If you have any queries, please see your tax adviser.

FOLLOWING CLAIM ACCEPTANCE BY YOUR INSURER, PLEASE ADVISE PREFERRED METHOD OF PAYMENT

<input type="checkbox"/> Cheque - If you selected Cheque, nominate payee:			
<input type="checkbox"/> Direct Payment - If you have selected Direct Payment please supply the following information (alternatively supply a deposit slip noting the following information)			
Bank:		Account Name:	
Branch Number:		Account Number:	

LOSS OR DAMAGE DETAILS

Date of event:		Time:		<input type="checkbox"/> AM	<input type="checkbox"/> PM
Where did event occur?					
How many vehicles were involved in the accident (including your own)					
Speed of your vehicle:	At the moment of impact:		Before Emergency Arose:		
Speed of the other vehicle:	At the moment of impact:		Before Emergency Arose:		
What was the road surface like?	<input type="checkbox"/> WET	<input type="checkbox"/> DRY	<input type="checkbox"/> LOOSE		

LOSS OR DAMAGE DETAILS CONTINUED

Traffic Controls:	<input type="checkbox"/> NONE	<input type="checkbox"/> TRAFFIC LIGHTS	<input type="checkbox"/> GIVE WAY SIGN	<input type="checkbox"/> STOP SIGN	<input type="checkbox"/> ROUNDABOUT
	<input type="checkbox"/> Other - If other please specify:				

How did the loss or damage occur? Please provide all the facts, even if they are not in your favour

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SKETCH DIAGRAM OF ACCIDENT

1. Name
2. Indicate direction of travel
3. Your vehicle
4. Other vehicle(s)

Name the streets, indicate directions travelling with arrows, show point of impact, show existence of any road signs at intersections.

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Who, in your opinion was to blame for the accident?

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Why?

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VEHICLE DETAILS

Year of Manufacture:		Body Type:	
Vehicle Make and Model:			
Registration No:		Engine No:	
No of cylinders:		VIN. No:	

Please list all accessories or other equipment which has not been fitted by the vehicle manufacturer

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Is Vehicle subject to Finance?

YES

NO

If Yes, give details

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DRIVER'S DETAILS			
Name			
Address			
Date of Birth			
Driver's Licence No:		Classes:	
Driver's relationship to Insured if not employee:			
Expiry Date of Licence		Years held	
Has the driver had any accidents, traffic convictions and/or penalties in the last 5 years?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If "yes" give full particulars			
Has the driver's licence ever been suspended or cancelled?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, give full particulars			
When?			
State Reason:			
If the driver is not the insured, please state:			
a) Was the vehicle being driven with the Insured's knowledge and consent?			<input type="checkbox"/> YES <input type="checkbox"/> NO
b) Was the driver a paid employee of the Insured?			<input type="checkbox"/> YES <input type="checkbox"/> NO
c) Driver's relationship to Insured if not employee.			
Has the driver ever been refused vehicle insurance or continuance thereof by an insurer?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please state the name of the company			
Had the driver consumed any drugs or alcohol within 12 hours preceding the accident?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, please state the nature and quantity of the drugs and/or alcohol consumed			
Were you requested to take a blood, breath or urine test?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, give details of type of test			
<input type="checkbox"/> BLOOD TEST	<input type="checkbox"/> URINE TEST	<input type="checkbox"/> ALCO-TEST	<input type="checkbox"/> FULL BREATHALYSER
What was the reasoning?			
NOTE: DOCUMENTARY PROOF OF THE RESULT OF A BLOOD OR BREATHALYSER TEST MAY BE REQUIRED			

POLICE INFORMATION

Did the police attend the accident?

YES

NO

Has the driver reported the accident to the police?

YES

NO

If "yes" give full particulars

Where?

Report No:

Date Reported:

Was any charge laid or intimated against the driver?

YES

NO

If "Yes" what is the nature of the charges?

DAMAGE TO THE INSURED VEHICLE

Was the vehicle being used for business at the time of the accident?

YES

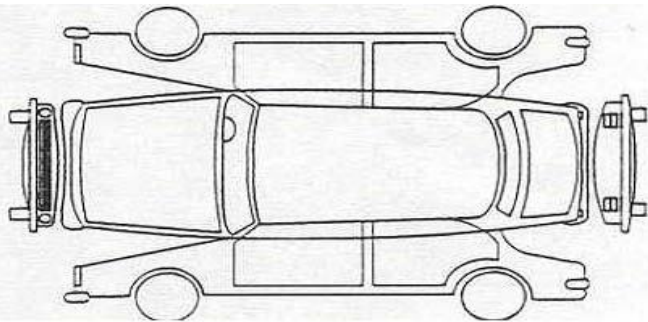
NO

If "yes", please state the nature of business

If goods carrying vehicle, please state the nature and weight of loads

Describe damage to insured vehicle in this accident

Shade in damage to insured vehicle



Was there any pre-existing damage to the vehicle?

YES

NO

If yes, please give details

DAMAGE TO THE INSURED VEHICLE

Was the vehicle towed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please give name of Towing Company		
Where was the vehicle towed to?		
Where is the vehicle now?		
Where can the vehicle be inspected?		

No repairs or alterations to the damaged vehicle should be made until approval is made by the Insurer

DETAILS OF OTHER VEHICLE OR PROPERTY

Owners Name:			
Address:			
State:		Postcode:	
Phone No:			
Driver's Name:			
Address:			
Phone No:		Vehicle Make:	
Body Type:		Reg No:	

Describe damage to vehicle and/or property

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Approximate Cost:	\$	
Is this vehicle insured?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, name the insurance company		
Has any claim been made against you for either damage to another vehicle or property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, give details and amounts		

DETAILS OF ALL WITNESSES

State if the witness was:

(a) an independent witness;

(b) in the insured vehicle; or

(c) in the third party vehicle (See below)

Were there any witnesses to this accident?

YES

NO

If "yes" provide details:

Name:

Phone No:

Address:

Name:

Phone No:

Address:

Please note:

1. Make sure that you give us ALL details about your claim.
2. Please send any documentation you have which may assist in verifying ownership.
3. Send us all original quotations which you have received from the repairer.
4. Tell the Police immediately about any loss or damage which has been caused by theft, vandalism or malicious damage to your vehicle.
5. For Third Party claims, do not admit liability.
6. Contact your Claims Broker should you require assistance.

DECLARATION

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

Signature of insured or person with authority to sign for or on behalf of the insured:

Date:

Signature of the driver (if not the insured):

Date:

***This consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business**



JLT COLLECTION STATEMENT

In accordance with the Privacy Act 1988 (and subsequent amendments), we, Jardine Lloyd Thompson Pty Ltd (and our subsidiaries and related entities) (JLT) draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other JLT products or services and administering payments to you. If you are proposing for or renewing insurance, the information is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984, the Marine Insurance Act 1909 or at common law.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and JLT related Group companies.
- Your personal information may be sent to our administrative processing centres in Mumbai (India) or Kuala Lumpur (Malaysia) and to other JLT Group companies, insurers, reinsurers and other third party service providers (e.g. data storage providers) in the United Kingdom, Singapore, Hong Kong, the United States of America and elsewhere
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act 1988, you must obtain it with the individual's consent. We will use and disclose your personal information in accordance with our Privacy Policy.
- Our Privacy Policy can be accessed on our website (www.au.jlt.com). For further information contact your account executive or the JLT Privacy Officer:

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