

Affinity Insurance Brokers

Managed and administered by Affinity Risk Partners (Brokers) Pty Ltd
ABN 15 091 944 580 AFS License No. 241185
A Member of the National Insurance Brokers Association

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ACCIDENT / CLAIM FORM

PLEASE READ THIS SECTION CAREFULLY BEFORE PROCEEDING

We are sorry to learn that you have been involved in an accident. Our main concern now is that your vehicle is repaired and returned to you as quickly as possible. **In order to enable us to do this you need to:**

- (a) **Complete this claim form and attach a copy of the driver's driving licence.**
- (b) **Obtain two quotations** for the repair of the damage suffered in the accident. **Repairs must not be authorised without our approval.**
- (c) **Return the claim form and two quotations to us.** On receipt we will give your claim our immediate attention, and where necessary appoint an assessor to inspect your vehicle.

The issue and acceptance of this Claim Form is not an admission of liability. All questions must be answered truthfully as failure to do so may affect acceptance of your claim.

Please do not hesitate to contact us if you have any queries. We are here to assist you in any way we can.

1. THE INSURED

Policy No. _____ Expiry Date ____/____/____
Full Name: Mr/Mrs/Ms _____ Date of Birth ____/____/____
Address: _____
Email Address: _____
Work Phone No _____ Home Phone No _____ Occupation _____
Tax Status – Registered Business Yes No ABN _____ Taxable _____%

2. THE VEHICLE

Make _____ Model _____ Year of Manufacture _____
Reg. No. _____ Engine No. _____ No. of cylinders. _____
Name and address of person or dealer from whom the vehicle was purchased.

Purchase price \$ _____ Date of purchase ____/____/____
Is the vehicle under finance (eg Hire Purchase or Leasing Agreement)? Yes No
If yes, state Contract No.

Name and address of the finance company _____

Is the vehicle modified from the maker's standard? Yes No

If yes, please provide details of accessories, modifications and improvements to the vehicle together with costs

Value \$ _____

Is there any prior unrepaired damage to the vehicle ?

Yes No

Details _____

3. THE DRIVER OF THE INSURED VEHICLE

Full Name: Mr/Mrs/Ms _____ Date of Birth ____/____/____

Address _____

_____ State _____ Postcode _____

Work Phone No. _____ Home Phone No. _____ Occupation _____

Licence No. _____ Provisional or full _____

Date original licence obtained ____/____/____ Expiry date ____/____/____

Attach copy of both sides of
licence

Has the driver, during the last five years:

- a. had any motor vehicle stolen or destroyed by fire, whether reported to an insurance company or not? Yes No
- b. had any accident whether reported to an insurance company or not? Yes No
- c. made a claim on an insurer involving a motor vehicle? Yes No
- d. had any insurance or renewal of insurance declined? Yes No
- e. had special conditions or additional excesses imposed on any insurance or renewal? Yes No
- f. had any driving or motor cycle licence endorsed, cancelled or suspended? Yes No
- g. been charged, summonsed, convicted and/or fined for any motoring or driving offence including speeding fines/or traffic offences? Yes No
- h. been charged, summonsed or convicted of any criminal offence including arson, drug offences, fraud or malicious damage, theft or injury to any person? Yes No
- i. been declared bankrupt or had a vehicle repossessed? Yes No

Does the driver have any physical defect, infirmity or sight and hearing impairment? Yes No

Does the driver regularly take any medication which may affect his/her driving ability, including prescription or other drugs? Yes No

If you have answered "Yes" to any of the above questions, please provide details in the space below, including the name of any insurer involved. You can obtain a copy of your driving record from the licensing authority in your state.

Date	Type of Claim (eg Theft, Accident, Malicious Damage)	Insurance Company	Amount of Loss

Were alcohol or drugs consumed by the driver during the 24 hours prior to the accident? Yes No

If yes, state quantity _____

Was the driver asked to take a blood/breathalyser test? Yes No If yes, what was the reading _____

(Please attach copy of blood/breathalyser certificate.)

If the driver is not the owner, was the owner's consent given for the vehicle to be driven? Yes No

If the driver is not the owner, does he/she own a motor vehicle? Yes No

If yes, state the name of the driver's motor vehicle Insurer

Complete the following section for Motor Vehicle Claim

4. THE LOSS

Date of loss or damage ____/____/____ Time _____ am/pm Place _____

State purpose for which the vehicle being used at the time of the loss or damage? _____

Describe how the loss or damage occurred in detail? _____

If the vehicle was involved in an accident please sketch the scene of the accident showing all traffic lights and/or road signs.

Road surface Conditions

Gravel

Level

Dry

Daylight

Sealed

On grade

Wet

Darkness (street lighted)

Specify

Hillcrest

Muddy

Darkness (street not lighted)

Weather Conditions

Dry/Fine

Wind/Hail

Wet/Raining

Fog/Snow

Other _____

	<p style="text-align: center;">SYMBOLS FOR PLAN</p> <p>Street intersection </p> <p>Curved Street </p> <p>Persons </p> <p>Your vehicle </p> <p>Other vehicle </p> <p>(Direction of travel indicated by arrow in symbol)</p> <p>Parked Vehicle </p> <p>Tram tracks </p> <p>Railway tracks </p> <p>Stop signs </p> <p>Giveaway signs </p> <p>Pedestrian Crossing </p> <p>Traffic lights </p> <p>Priority road Metcon </p>
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Damage to insured vehicle

Vehicle is now at _____

Was it towed? Yes No

Describe the damage in detail _____

NAME AND ADDRESS OF PASSENGERS IN INSURED VEHICLE

OTHER VEHICLE(S) INVOLVED IN ACCIDENT

Reg. No.	Make	Description of damage	Owner's or driver's name and address	Licence No.	Phone No.	Insurer

NAME AND ADDRESSES OF WITNESSES (show relationship, if any, to insured)

Was anyone taken to hospital? Yes No If yes, name hospital _____

Was the accident reported to Police? Yes No

Police Station _____ Police Officer _____

Are you aware of any Police action taken or contemplated against any of the drivers? Yes No

Did either yourself or the other party admit fault? Yes No

Has any claim been made on you? If yes, please provide us with details. Yes No

Was the vehicle being used for hire, fare or reward? Yes No

DECLARATION:

I/We declare that the information and answers given to all the questions on this Claim Form are true and correct.
I/We have not withheld any information likely to affect consideration of this claim.

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