

Motor vehicle claim form

1. Your Details

Policy Number

Name of Insured

Contact Person

Postal Address

Telephone

Mobile

Email

Are you entitled to claim back the GST component of costs relating to the insured property, as an Input Tax Credit from the ATO?

NO YES 100% YES OTHER %

If Yes, what is your ABN?

EFT Details:

Bank Branch

BSB Account Number

Account Name

2. Insured Vehicle

Is the vehicle you are claiming for under a financial agreement (eg mortgage or lease)?

NO YES, Financier

Registered Owner Registration Number

Make Model

Year Body Type

If a trailer was attached and impacted, please provide:

Make Year Registration Number

3. Incident Details

Date of Incident Time
 am / pm

Address and place where incident occurred

Please advise in detail how the incident occurred and who caused the damage. Please add more information in Section 7 if needed.

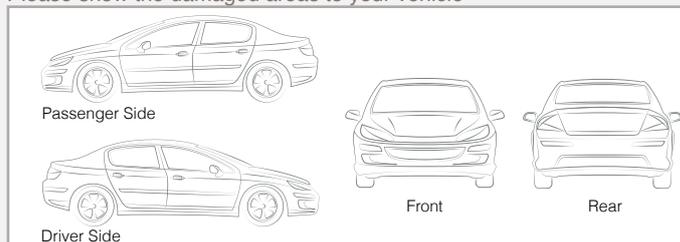
Please draw a plan of the accident. Show the nearest cross street, street names, centre of roadway, direction and location of vehicles.

Indicate your vehicle as **A** Indicate any other vehicle as **B**

Was your vehicle damaged? NO YES

Please describe the damage to your vehicle

Please show the damaged areas to your vehicle



Is your vehicle still drivable? NO YES

Was your vehicle towed away? NO YES

If yes, who towed the vehicle?

If yes, where is vehicle currently located?

Have you obtained a repair quote? NO YES

Is the vehicle considered a total loss? NO YES

Who is your preferred repairer?

NOTES: The issue or acceptance of this claim form is not be construed as an admission of liability. This claim form does not constitute or imply acceptance of this claim. Bank account details are collected for the purpose of making a claim payment in the event that a claim settlement is payable to you. Your bank account details will be provided to the relevant Insurer and financial institution and will not be disclosed to any other party unless authorised or required by law. No responsibility will be taken if the bank account details provided are incorrect.

Notice of Collection of Personal Information - In order to handle any claim, WTW may need to collect your personal information. If you would like more information on the way your personal information is handled by WTW, please refer to our Policy which is available online at <https://www.wtwco.com/en-AU/Notices/privacy-policy-australia> or upon request.

Motor vehicle

4. Driver Details

For parked or unattended vehicles, driver = vehicle custodian at the time of loss

Name

Address

Telephone

Date of Birth

Drivers Licence No Expiry Date Class No. Years Licensed for this class of vehicle

Are you the registered owner of the vehicle? NO YES

If No, please state your relationship to the registered owner of the vehicle

Have you had any traffic convictions and/or traffic offences, had your licence suspended or cancelled or criminal offences or been involved in any other motor vehicle accidents in the past five (5) years?

NO YES If Yes, please provide details

Did you consume any alcohol or drugs during the 12 hours prior to the accident? NO YES

Did you undergo a breath or blood test for alcohol or drugs? NO YES

If yes, please state how much, when and results

Did you refuse to undergo any of the above tests? NO YES

5. Other Parties and Witnesses

If any other parties were involved, who do you consider responsible for the incident and why?

ALL known details of other parties involved and witnesses

Driver	
Owner	
Address	
Vehicle Rego	
Vehicle Model	
Insurer	
License No	
Phone No	
Email	

6. Police

We cannot proceed with claims for theft or malicious damage without the following details:

Police Report Number or Online Crash Report Lodgement Number

Date reported

Station

Have any charges been laid or any Police action taken or initiated?

PLEASE KEEP US INFORMED OF ANY POLICE PROCEEDINGS WHICH MAY OCCUR.

7. Other Information

If applicable, please provide any other information relevant to this claim

8. Declaration

I/we certify that the information given in this form is truthful, accurate and complete. 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.

I/we authorise WTW and our insurer to give to, or obtain from, other insurers, credit reference service or other interested parties any information relating to me/us or any claim in relation thereto.

Signature

Date

Name

Position