



# Motor Vehicle Claim Form

Dear Policyholder,

We're sorry to hear you've had an accident. Our aim is to settle your claim as quickly as possible. You can help us do this by ensuring the enclosed claim form is completed promptly and that all questions are fully answered. If insufficient space, please attach a separate statement.

To ensure that repairs are underway quickly, you should obtain a minimum of two quotes from repairers

The quotations together with the completed claim form & a copy of the driver's license should be forwarded to us as soon as possible and we will arrange for an assessor to inspect the damage. Provided the policy and claim form are in order, repair work should be authorized without delay.

The information provided below may answer some of the questions which could arise following your claim:

1. The excess must be paid to the repairer when you collect your car unless prior arrangements have been made with us. This must be paid even if you were not at fault. If the accident was clearly someone else's fault, we will take recovery action against the person responsible for the accident and will include the amount of your excess. In the case of third party only cover, the excess must be paid to your Insurer at the time of submitting your claim.
2. Your no claim discount will not be affected provided you are able to prove that some person other than you or the driver of the insured vehicle was totally responsible for the accident and you are able to advise us of the name and address of that person.
3. If the other party involved in the accident has stated that you are being held responsible for the damage to the other vehicle or property, you should indicate that you will be lodging a claim with us and that any demands for compensation will be handled by your Insurer. Do not admit liability or make any offers or promises of payment without our consent.
4. If you receive a letter of demand and a quotation and/or account for the repairs to another person's vehicle or property, you must send this correspondence to us immediately. Any delays could result in additional costs.
5. Even if you feel you were not responsible for the accident, do not ignore letters of demand from the other party. Any correspondence from the other party should be forwarded to us. If you fail to act on the other party's letter of demand, it may result in a summons being served on you. If this happens, you must contact us immediately.
6. If you feel the repairs to your vehicle are unsatisfactory, you should discuss the problem with the repairer. If you are unable to reach agreement, then contact us.

If you have any problems during the period of your claim, please contact us and quote your claim number if you know it.



Claim No: \_\_\_\_\_

### 1. Policyholder

Full Name and Address of Policyholder ..... ..... .....		Occupation: .....	
		Telephone No:	Home (.....) .....
			Bus. (.....) .....
Insurer:	Policy No:	Expiry Date: / /	
For what purpose was the vehicle being used?			

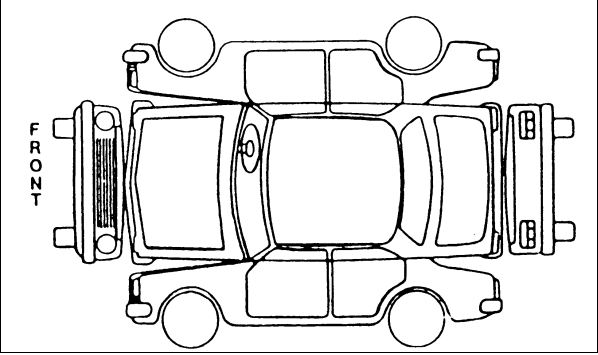
### 2. Insured Vehicle

Make & Model			
Body Type:		Year of Manufacture:	
Registration No:		Engine No:	
V.I.N. No		Expiry Date of Registration: / /20	
Name & Address of Finance Co. if applicable	..... .....		
Have there been any engine, body or transmission modifications from the manufacturer's original specifications or any accessories added?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please give details:</i> ..... .....		

### 3. Driver (Please complete these details in respect of the person in charge of the vehicle at the time of the accident)

Full Name and Address of Driver ..... ..... .....		Occupation: .....	
		Sex (M or F).....	
		Date of Birth: / /	
Drivers Licence No:		State of issue:	
How long has the driver held a motor vehicle drivers licence?	..... yrs	Expiry Date of Licence: / /	
Was the vehicle being used with the full knowledge and consent of the policyholder?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the relationship of the Driver to the Policyholder?	<input type="checkbox"/> Self <input type="checkbox"/> Relative <input type="checkbox"/> Employee <input type="checkbox"/> Friend <input type="checkbox"/> Other If Other, please describe:.....		
Have you (the Policyholder) or the driver of the vehicle at the time of the accident:	(i) been involved in any previous motor vehicle accident in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (ii) been charged with any offence in relation to the use of a motor vehicle in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (iii) had any insurance declined or cancelled, been refused renewal of an insurance or had special terms imposed in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", to (i), (ii) or (iii), please give details below:		
<b>Name</b>	<b>Date</b>	<b>Particulars</b> (eg, name of insurance company, details of charges etc)	
	/ /		
	/ /		
	/ /		
Was the driver under the influence of any drug or alcohol at the time of the accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No		



Estimated Cost of Repairs (including parts)	\$	Repair Quotation No:
Please indicate areas of damage to insured vehicle		

## 6. Police

Date reported to Police	/ /20	Time reported to Police	am/pm
Did the Police attend the accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, please state: (i) From which Police Station?..... (ii) Name of Officer .....		
Did the Police indicate which driver was at fault?	<input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, please state: (i) Name of driver charged or cautioned..... (ii) Nature of charge or caution .....		

## 7. Other Parties (Please complete this section if any other vehicles or property involved)

Number of other vehicles involved	
Owner's name and address	..... ..... .....Postcode.....
Licence Number	Age:                      yrs
Make and Model of Vehicle	
Registration Number	
Driver's name and address	..... ..... .....Postcode.....
Please give particulars of damage to other party's vehicle and/or property	..... ..... .....

**NB:** (If more than one third party involved, please provide similar particulars on a separate sheet)

## 8. Witnesses

Passengers in Insured Vehicle	Names	Addresses
	..... ..... ..... .....	..... ..... ..... .....
Independent Witnesses	Names	Addresses
	..... ..... .....	..... ..... .....

## 9. ABN Details

Are you a registered business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	What is your ABN?	ABN No:
Have you claimed an input tax credit on the <b>GST</b> amount applicable to this <b>total policy</b> ? No Yes				
If "Yes" is the amount claimed less than 100% of the <b>GST</b> applicable to the <b>total policy premium</b> ? No Yes				
If "Yes" specify the percentage of the amount claimed. _____%				
Are you entitled to claim an input tax credit for repairs or replacement for <b>this particular claim</b> ? No Yes				
If "Yes" is the amount claimable less than 100%? No Yes				
If "Yes" specify the Percentage of the amount claimable. _____%				

## 10. Declaration

The information and answers given above are a true and complete statement of the facts and matters relating to the happening for which this claim is made, and no information likely to affect this claim has been withheld. I authorise my Insurer to undertake on my behalf whatever actions are necessary to indemnify me within the terms of my policy including if necessary, removal of my vehicle to alternative premises to enable repairs to be carried out by a qualified Motor Body Repairer. I understand that this claim may be refused if information is untrue, inaccurate or concealed.

I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify COUNTRY WIDE INSURANCE BROKERS in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Driver's Signature ..... Date: ...../...../.....

Policyholder's Signature ..... Date: ...../...../.....

## YOUR PRIVACY

The Privacy Act 1988 (Cth) requires COUNTRY WIDE INSURANCE BROKERS to make the following disclosure before collecting personal information about you after 21 December 2001:

- ◆ COUNTRY WIDE INSURANCE BROKERS collects personal information in order to provide its various services which include insurance broking, claims management, risk management consultancy, underwriting management, and reinsurance.
- ◆ If the personal information COUNTRY WIDE INSURANCE BROKERS requests from you is not provided, COUNTRY WIDE INSURANCE BROKERS or any involved third party may not be able to provide the appropriate services.
- ◆ COUNTRY WIDE INSURANCE BROKERS discloses personal information to third parties who are involved in the provision of our services. For example, in arranging and managing your insurance needs COUNTRY WIDE INSURANCE BROKERS may provide information (including sensitive information such as health information) to insurers, reinsurers, other insurance intermediaries, its advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process. By signing this form and continuing to deal with us, you confirm on your behalf and/or on behalf of those you represent consent to COUNTRY WIDE INSURANCE BROKERS and these parties collecting, using and disclosing personal and sensitive information about you.
- ◆ COUNTRY WIDE INSURANCE BROKERS has a duty to maintain the confidentiality of its client's affairs which includes their personal information. Our duty of confidentiality applies except where disclosure of your personal information is with your consent or required by law.
- ◆ COUNTRY WIDE INSURANCE BROKERS may make use of your personal information to provide you with information about its products and services.

Further details on the COUNTRY WIDE INSURANCE BROKERS Privacy Policy are on our website: [www.cwib.com.au](http://www.cwib.com.au)

## Contact us

Simply contact the COUNTRY WIDE INSURANCE BROKERS Privacy Officer on the details below if you would like to:

- ◆ Access the personal information COUNTRY WIDE INSURANCE BROKERS hold about you
- ◆ Update or correct the information COUNTRY WIDE INSURANCE BROKERS holds about you
- ◆ Discuss your privacy concerns
- ◆ Be removed from the mailing list to receive information about COUNTRY WIDE INSURANCE BROKERS' products and services

Privacy Officer  
COUNTRY WIDE INSURANCE BROKERS

E-mail: [info@cwib.com.au](mailto:info@cwib.com.au)  
Telephone: 08 94726622  
Fax: 08 94726633