MOTOR VEHICLE CLAIM FORM (Accident or Theft)

The supply or acceptance of this form is not an admission of liability on the part of your Insurer

COWDEN
THE INSURANCE BROKERS

1. Your Details

Policy No		**Expiry Date**	
Insured Name			
Occupation			
Contact Name			
Mobile		Phone	
Email			
Address			
Suburb		Postcode	
Are you registered for GST purposes? ☐ No ☐ Yes		If Yes, ABN No	
If Yes, Are you entitled to claim Input Tax Credit (ITC) ☐ No ☐ Yes		If Yes, Percentage claimed (i.e.100%)	

2. Insured Vehicle Details

Registration No		Engine No		VIN	
Year		Make		Model	
Registered Owner		Do you owe money on this vehicle? ☐ No ☐ Yes			
Lender's name		Approximate amount owing	$		

Has the vehicle been modified or converted from the manufacturer's specification or fitted with accessories other than those supplied by the manufacturer? ☐ No ☐ Yes - describe the modifications/accessories:

Was there any unrepaired damage to the vehicle before the accident? ☐ No ☐ Yes - describe the unrepaired damage

What were you using the vehicle for at the time for the accident or theft? (e.g. travelling to work, shopping, business use)

3. Driver Details

Who was in charge of the vehicle when the accident happened?		Relationship to insured (e.g. son, spouse, employee)	
Address		Postcode	
Mobile	Private Telephone	Business Telephone	
Email		Date or Birth	

Was this person driving with the knowledge and consent of the insured? ☐ No ☐ Yes

Did the driver have a current driver's licence for this class of vehicle? ☐ No ☐ Yes		Years licensed	
☐ Learner's ☐ 'P' Plates ☐ Full	Licence No.	Licence Expiry Date	

Did the driver drink any alcohol, or take any drugs or medication in the 12 hours prior to the accident? ☐ No ☐ Yes

Details			
When?		How much?	

4. Accident or Theft Details

Date of accident/theft		Time of accident/theft		☐ am ☐ pm
Where did accident happen/theft occur				
Suburb			Postcode	

How did the accident happen? (Describe in detail the circumstances leading up to the accident and how the accident happened. It is important to be as accurate as you can. Please tell us all the facts, even if they are not in your favour)

Did the accident happen at, or near:

Traffic Lights?	Insured Vehicle: ☐ No ☐ Yes	☐ Red ☐ Amber ☐ Green
Traffic Lights?	Other Vehicle: ☐ No ☐ Yes	☐ Red ☐ Amber ☐ Green
Stop or Give Way sign?	Insured Vehicle: ☐ No ☐ Yes	☐ Stop sign ☐ Give way sign
Stop or Give Way sign?	Other Vehicle: ☐ No ☐ Yes	☐ Stop sign ☐ Give way sign

What were the road conditions at the time of the accident?

Sealed roadway ☐ Wet ☐ Day	Unsealed roadway ☐ Wet ☐ Dry

What were the weather conditions at the time of the accident?

☐ Fine ☐ Overcast ☐ Raining ☐ Storm ☐ Hail ☐ Other weather conditions	

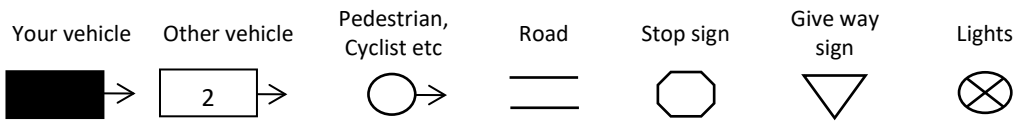
What vehicle lights were in use?	By you		By the other driver	
What signals were given?	By you		By the other driver	

At the time of the accident what was the approximate speed before braking of the :

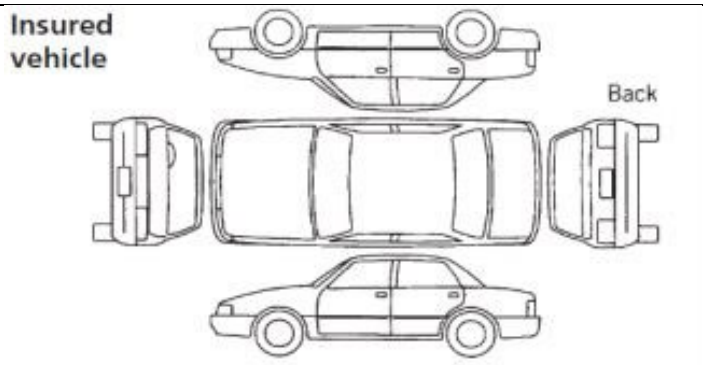
Insured vehicle		km/h	Other vehicle		km/h

Was your vehicle towed away?	☐ No ☐ Yes	If yes, who towed the vehicle?	
Where is vehicle currently located?			
Who is your preferred repairer?			

Using the symbols below, draw a diagram of the accident scene showing the position of all vehicles. Indicate by arrows the direction in which the vehicles were travelling, the names of the streets and the north point of the compass. Please identify other vehicle involved as 2, 3, etc. It is important that the sketch be as accurate and as detailed as it may be used in legal proceedings.



On this diagram, please shade the areas damaged in the accident:

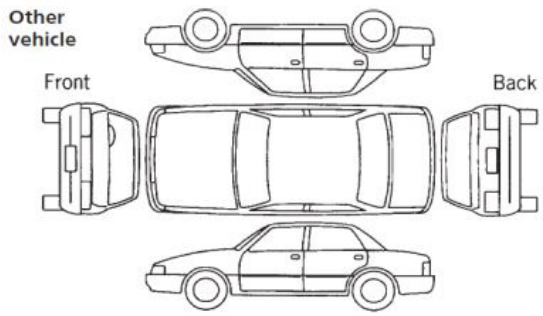


5. Other Vehicle

Please provide information about the other vehicle(s), even if they were not damaged. If additional vehicles were involved, attach details of those vehicles on a separate sheet.

Full Name		Contact No	
Address		Postcode	
Owner's insurance company			
Make		Model	
Year		Registration No	
Drivers Name		Contact No	
Address		Postcode	
Driver's Licence No		Date of Birth	

Please shade the damaged areas of the other vehicle(s) damaged in the accident:



As a result of the accident, was there any other property damaged (e.g. fences, telephone poles)? ☐ No ☐ Yes

If Yes, Provide details including name and address of owner:

6. Witnesses

Were there any witnesses to the accident? ☐ No ☐ Yes - If Yes, complete the details below for each witness:

Witness 1		Contact No	
Address		Postcode	
Type of Witness	☐ Passenger in insured's vehicle ☐ Passenger in other vehicle ☐ Independent eye witness		
Witness 2		Contact No	
Address		Postcode	
Type of Witness	☐ Passenger in insured's vehicle ☐ Passenger in other vehicle ☐ Independent eye witness		

7. Police

Did the police attend the accident? ☐ No ☐ Yes							
Police Report No		Name of Station					
Was the accident reported to the police? ☐ No ☐ Yes		Date reported					
Was either driver asked to take a blood/breathalyser test?							
Insured Driver ☐ No ☐ Yes →		the result		Other Driver ☐ No ☐ Yes →		the result	
Was either driver charged with an offence or offences or advised that charges may be laid?							
Insured Driver ☐ No ☐ Yes →						the offence	
Other Driver ☐ No ☐ Yes →						the offence	

8. History

In the last 5 years, have you or the driver:
Been charged with, or convicted of, a motor offence (other than a parking fine)? ☐ No ☐ Yes
Been disqualified from driving? ☐ No ☐ Yes
Been charged with, or convicted of, any criminal offences? ☐ No ☐ Yes
Had insurance or a renewal refused or cancelled or had special conditions imposed by an insurer? ☐ No ☐ Yes
Been involved in a car accident or claimed against an insurance company for damage to a car? ☐ No ☐ Yes
If Yes to any of the history questions, please provide details

9. 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 the insurer to give to, or obtain from, other insurers or any insurance reference bureau, any information relating to this claim or any other claim made by me/us or any insurance held by me/us.	
Signature of Insured *	Signature of Driver
** or person with authority to sign for and on behalf of a company or partnership*	
Date	Date

Please submit your completed claim form to your local Cowden office, details available on our location pages