

MOTOR ACCIDENT CLAIM FORM

The issue of this form does not constitute an admission of liability on part of the insurer

POLICY DETAILS

Policy Number:

Insured Name:

Address of Insured:

Contact Person:

Contact Phone Number:

Email address:

GST DETAILS

Are you registered for GST purposes?

If NO, proceed to Insured Vehicle Details

What is your ABN?

Have you claimed or do you intend to claim an input tax credit (ITC) on the GST applicable to the premium charged for this policy? If yes, what is the ITC % claimed/to be claimed?

What is the extent of your entitlement as a percentage to an ITC on any damage reinstatement costs subject to this claim?

INSURED VEHICLE DETAILS

Registration or identification no:

Engine Number:

VIN:

Make, model & body type:

Year of manufacture:

Do you owe money on the vehicle? If yes, please provide Lender's name and approximate amount owing.

Has the vehicle been modified, converted, or fitted with accessories other than those supplied by the manufacturer? If yes, please describe the modifications/accessories.

Was there any unrepaired damage to the vehicle before the accident? If yes, please provide details.

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

DRIVER DETAILS

Full Name of person in charge of the vehicle when the accident occurred:

Was this person driving with the knowledge and consent of the named insured?

Relationship to insured (e.g., son, daughter, employee)

Date of birth of driver:

Address of driver:

Driver's licence number:

Expiry date of driver's licence:

Type of licence:

Full

Probationary

Learners

Did the driver drink any alcohol, or take any drugs or medication in the 12 hours prior to the accident? If yes, please give details.

Has the driver had any accidents, traffic convictions and/ or penalties in last 5 years?

Has the driver's licence ever been suspended or cancelled? If yes, please provide details.

ACCIDENT/DAMAGE DETAILS

When did the accident occur?

Date:

Time:

Where did the accident occur?

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

Who do you consider was at fault? Why?

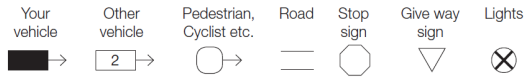
Was a trailer being towed at the time of the accident?

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

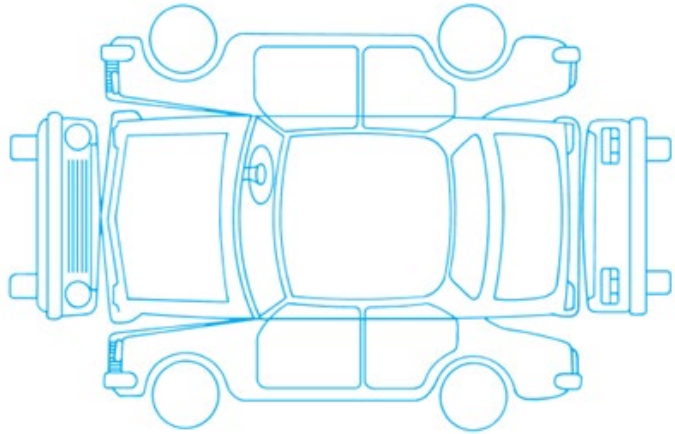
What were the weather conditions at the time of the accident?

Was your vehicle towed? If yes, what is the name of the tow company?

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 any other vehicles involved as '2', '3', '4' etc. It is important that the sketch be as accurate and as detailed as possible as it may be used in legal proceedings.



On this diagram, please shade the areas of damage to the insured vehicle due to the accident.



OTHER VEHICLE(S) DETAILS

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.

Driver's details (Vehicle 1)	Full Name:	
	Address:	
	Telephone:	
	License number of driver:	
	Owner's insurance company:	
	Registration number of vehicle:	
	Year, make, model and body type of vehicle:	
Driver's details (Vehicle 2)	Full Name:	
	Address:	
	Telephone:	

	License number of driver:	
	Owner's insurance company:	
	Registration number of vehicle:	
	Year, make, model and body type of vehicle:	

WITNESS DETAILS (IF APPLICABLE)

If more than one witness to the accident, please list additional details on a separate page and attach to this form.

Full Name:	
Address:	
Telephone:	
Type of witness i.e., passenger in insured's vehicle/Independent eye witness.	
Did the police or fire brigade attend the accident? If yes, please provide name of officer and the name of station.	
Was either driver charged with an offence or offences or advised that charges may be laid?	
Did police indicate who was responsible for the accident? If yes, who and why?	

PREVIOUS CLAIMS HISTORY

Have you made any claims for loss, theft, or damage on any insurer in the past five years? If yes, to the best of your ability, please tell us the date of loss, what happened, the loss value, and insurer details, for that/those claim[s]:	
Has any insurer refused or cancelled cover or required special terms to insure you? If yes, please tell us what happened.	

PRIVACY

The insurer includes information about how they manage your personal information in their Product Disclosure Statements and Policy booklets. You can obtain a copy of the insurer's statement from their website or contact the Compliance Manager.

DECLARATION

I/We declare that the said loss occurred without my/our knowledge or consent and that I/We have not sought to benefit unjustly from this claim by fraud, wilful misrepresentation, or exaggeration. I/We declare that the information supplied on this form is true in every respect. I/we agree that, by submitting this form, the personal information I/we provide to my insurer in this form or otherwise may be collected, held, used, and disclosed in the manner set out in my Insurers Privacy Policy.

Signature of Insured:		Date:	
------------------------------	--	--------------	--

Once completed please email the completed form along with any supporting information to: theteam@wsib.com.au