

Claims Report

Motor Vehicle

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

Please complete ALL sections of this claim form. Unless specifically arranged beforehand, no repairs or alterations to the damaged vehicle should be made unless approved by your insurance underwriter.

Insurer Name:		Policy No:		Client Code:	
Insured's Details					
Full Name:			Trading Name:		
Address:				Postcode:	
Telephone:			Mobile:		
Email:				D.O.B:	
Are you registered for GST? <input type="checkbox"/> YES <input type="checkbox"/> NO		ABN (if applicable): <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>			
To what extent are you entitled to claim an Input Tax Credit (ITC) on the GST applicable to the premium?					%
Are you the sole owner of this vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO			If NO, who is the owner?		
Interested Parties					
Is the vehicle being claimed for under a Financial Agreement? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Name of Financier:			Contract No:		
Vehicle Details					
Make & Model of Vehicle:				Year:	
Registration No:		VIN/Engine No:		Chassis No:	
Class of vehicle:					
<input type="checkbox"/> Sedan or Station Wagon		<input type="checkbox"/> Van or Utility up to 2T		<input type="checkbox"/> Rigid Vehicle over 2T and up to 5T	
<input type="checkbox"/> Rigid Vehicle over 5T and up to 10T		<input type="checkbox"/> Rigid Vehicle over 10T		<input type="checkbox"/> Articulated Prime Mover	
<input type="checkbox"/> Bus or Coach		<input type="checkbox"/> Light Construction or earthmoving Plant		<input type="checkbox"/> Heavy Construction or earthmoving Plant	
<input type="checkbox"/> Trailer		<input type="checkbox"/> Other:			
Trailer Details (if applicable)					
Make:			Type:		
Year:			Registration No:		

Driver's Details			
Driver's Name:			D.O.B:
Address:			Postcode:
Telephone:		Mobile:	
Driver's Licence No:	Expiry Date:	Class:	
Was the vehicle being used with the Insured's consent? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, reason for use: (Business or private) Relationship to Insured:			
Has the driver had any traffic convictions or been involved in any motor vehicle accidents in the past five (5) years? (if YES, please give details) <input type="checkbox"/> YES <input type="checkbox"/> NO			
Did the driver consume any alcohol or take drugs during the 12 hours prior to the accident? (if YES, state how much and when) <input type="checkbox"/> YES <input type="checkbox"/> NO			
Did the driver undergo a breath test or blood test for alcohol and drugs? (if YES, what was the result) <input type="checkbox"/> YES <input type="checkbox"/> NO			
Accident or Theft Details			
Date of occurrence: / /	Time: am/pm	Vehicle use: <input type="checkbox"/> Business <input type="checkbox"/> Private	
Location:			Postcode:
Accident: How did the accident happen? Describe events (include no. of lanes, speed, parked, reversing etc.) Theft: Describe events from time parked until discovered missing (include who made discovery and any action)			

Please draw a plan of the accident. Show the nearest cross street; street names; centre of the roadway; direction and location of vehicles; location of traffic control signals and other useful information.

Indicate your own vehicle as **A**



Indicate any other vehicles as **B, C, D** etc.



Road conditions: Wet Dry Sealed Unsealed Day Dusk Night Dawn

Who do you believe was at fault and why?

.....

.....

.....

THEFT:

State where the vehicle was stolen from:

Was the vehicle locked? YES NO

Were the keys duplicated? YES NO

Where were the keys at the time?

Who has each set of keys?

Was the vehicle alarmed or fitted with an immobiliser? YES NO

If YES, was the alarm or immobiliser turned on? YES NO

If not turned on, state reason

Has the vehicle been recovered? YES NO

If YES, by whom?

Where was it recovered? (if recovered, please complete the Damage Section of this claims report)

Please include details of LAST PERSON IN CHARGE OF VEHICLE or LAST DRIVER in the Driver's section of this claims report

Were the police notified? NO - State Reason

YES - Name of Officer Police Station

Police Report No. Date

Did the Police attend the scene? YES NO Were any charges laid or indications made of further action? YES NO

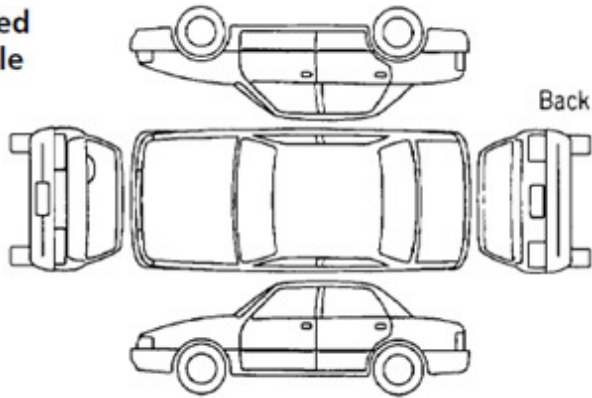
Give Details (who and what)

.....

DAMAGE:

Please show damage on the vehicle using the diagram below to assist

**Insured
vehicle**



Please indicate if there is any other damage:

Interior Engine Undercarriage All Over

Describe the damage:

.....

.....

.....

Was the vehicle towed? YES NO

If YES, by whom?

Where can your Vehicle be inspected?

.....

PLEASE ATTACH ANY QUOTES OBTAINED

Were there any witnesses to the event? (if yes complete the following):

YES NO

Name:

Phone:

Address:

Postcode:

Where was the witness?

Second Witness:

Name:

Phone:

Address:

Postcode:

Where was the witness?

DAMAGE TO OTHER VEHICLES OR PROPERTY:

	Vehicle or Property No. 1	Vehicle or Property No. 2
Name of Other Driver:		
Age:		
Phone No:		
Licence No:		
Vehicle Make & Model:		
Rego No:		
Name of Registered Owner:		
Address:		
Phone No:		
The Other Insurance Company:		
Policy Number:		
Description of Damage:		

Your Privacy

The Privacy Act 1988 requires Compass Insurance Brokers (Tas) Pty Ltd to make the following disclosure before collecting personal information about you after 21 December 2001:

- Compass Insurance Brokers collects personal information in order to provide it's various services which include insurance broking, claims management, risk management consultancy, underwriting management, and reinsurance.
- If the personal information Compass Insurance Brokers requests from you is not provided, Compass Insurance Brokers or any involved third party may not be able to provide the appropriate services.
- Compass 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 Compass Insurance Brokers may provide information (including sensitive information such as health information) to insurers, reinsurers, other insurance intermediaries, it's 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 Compass Insurance Brokers and these parties collecting, using and disclosing personal and sensitive information about you.
- Compass Insurance Brokers has a duty to maintain the confidentiality of it's 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.
- Compass Insurance Brokers may make use of your personal information to provide you with information about it's products and services.

Internal Dispute Resolution (IDR) Statement

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

Declaration

1. I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or wilful misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim.
2. Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect of such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.
3. I consent to the broker and insurer using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, the broker and insurer may not be able to process my claim.
4. *I consent to the broker and insurer disclosing my personal information to other insurers, an insurance reference service, or as required by law. I consent to the broker and insurer also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

** This consent only applies when a claim is submitted in relation to a policy insured to the individual, not a company or business*

Date: _____

Signature of Driver: _____

Date: _____

Signature of Insured: _____

How To Make A Motor Vehicle Claim

Whether at fault or not and to avoid delay, it is easier to claim on your Insurer and let them recover for you. Here are the steps to be taken:-

1. Obtain a quotation from a reputable repairer.
2. The repairer will usually arrange the assessment and for this you must:-
 - a) Complete a claim form;
 - b) Supply a copy of your licence to be left with the claim form at the repairers
3. On the day of the assessment (to be pre-arranged with you), the vehicle should be left all day with your repairer, repairs should be authorised on that day and work can commence. You will pay your excess to the repairer when collecting the repaired vehicle.

If you are NOT at fault:-

- Your excess is recoverable
- Car hire may be paid for, if a business registered vehicle, but not necessarily all costs.

Please note, the refund of excess and car hire is paid by the third party or their Insurer and this usually takes between 3-6 months.

If no refund received after 6 months, you can:-

- Follow this up yourself by contacting your Insurer
- Contact our office and ask our assistance

4. In the event of a total loss, the **market** value will be determined by the assessor. At times you may not agree on this figure, however, it is your prerogative to obtain another valuation. We can advise.
5. If the vehicle has been stolen, your Insurer will apply for a Police report. They will generally wait for 4-6 weeks before settling the claim in the event the vehicle is recovered (80% usually are recovered albeit not in the condition when last seen by the owner).
6. If your vehicle is not damaged or damage is minor but you have caused damage to a third party and the accident is your fault, a claim form must be completed and sent to our office with a copy of your licence and excess if applicable, and then forward any letters of demand with quotations.