MOTOR VEHICLE CLAIM FORM

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.**

**The completed claim form along with any quotations, or other correspondence should be forwarded to us as soon as possible so we can lodge a claim on your behalf**. Provided the policy and claim form are in order, repair work should be authorised without delay.

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

* The excess must be paid to the repairer when you collect your car unless prior arrangements have been made with us. If the accident was clearly someone else’s fault, your insurer will take recovery action against the person responsible for the accident. In the case of third party only cover, the excess must be paid to your Insurer at the time of submitting your claim.
* 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.
* 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.**
* 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.
* 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.
* 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. We assure you of prompt attention to any queries you may have.

FOR EMERGENCY/AFTER HOURS INSURER CONTACTS PLEASE REFER TO “MAKE A CLAIM” SECTION OF OUR

WEBSITE [WWW.COVERMEINSURANCE.COM.AU](http://WWW.COVERMEINSURANCE.COM.AU)

|  |
| --- |
| **Brokers Reference Number:** |

**1. Policyholder**

|  |  |  |  |
| --- | --- | --- | --- |
| **Insured / Company Name:**  …………………………………………………………………..  **Insured Address:** ……………………………………………  ………………………………………………P/Code…………  **Contact Name:** ……………………………………………… | | **Email: .………**…………………………………………………….  **Telephone:** (…..) ……………………….………………………..  **GST Details:** Registered for GST**? Yes** …… **No** ……    ITC Entitlements: ………………………. %    ABN: ………………………………………. | |
| **Insurer:** | **Policy No:** | | **Expiry Date:** |
| ……………………………………….. | ……………………………………….. | | ……... / …………/ 20 …….… |
|  | | | |

**2. Insured Vehicle**

|  |  |  |
| --- | --- | --- |
| **Year, Make & Model:** | …………………………………………………………………………………………………………….……………………………………… | |
| **Registration No:**  ………………………………………………… | | **Engine No:**  ……………………………………………………………………………………… |
| **Name & Contact Details of Lender** *(if finance on the vehicle)*  ……………………………………………………………………………………………………………………………………………………………………………………………. | | |

**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:**  …………………………………………………………  **Gender:**  Male  Female  **Date of Birth:** ……… / ……… / ……… |
| **Drivers Licence No:**  ………………………………………………….. | | | **State of issue:**  ………………………………………………….. |
| **How long has the driver held a motor vehicle drivers licence?**  …………. years | | | **Expiry Date of Licence:**  ……… / ……… / ……… |
| **Was the vehicle being used with the full knowledge and consent of the policyholder?**  Yes  No | | | |
| **What is the relationship of the Driver to the Policyholder?**  Self  Relative  Employee  Friend  Other  If Other, please describe: ………………………………………………………………………………………………………………………………………………. | | | |
| **Have you (the Policyholder) or the driver of the vehicle at the time of the accident:**   1. been involved in any previous motor vehicle accident in the last 5 years?   Yes  No   1. been charged with any offence in relation to the use of a motor vehicle in the last 5 years?   Yes  No   1. had any insurance declined or cancelled, been refused renewal of an insurance or had special terms imposed in the last 5 years?   Yes  No  If “Yes”, to (i), (ii) or (iii), please give details below: | | | |
| **Name** | **Date** | **Particulars** (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?**  Yes  No | | | |
| **Did the driver undergo a breath test?** | 🞏 Yes 🞏 No If Yes, what was the reading? | | |
| **Has the driver’s motor vehicle licence ever been cancelled or suspended?**  Yes  No  If Yes, please give details:  ………………………………………………………………………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………………………………………………………………………. | | | |

**4. Accident Date**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of accident:** | ……. / ………………… / 20…… | **Time of accident:** | ……………………… am/pm |

**5. Description of Accident**

|  |  |
| --- | --- |
| **Name of street where accident occurred** | …………………………………………………………………………………………………………………………….. |
| **If at an intersection, names of intersecting streets** | …………………………………………………………………………………………………………………………….. |
| **Suburb, Town, City** | …………………………………………………………………………………………………………………………….. |
| **State clearly and fully how the accident occurred** *(if insufficient space, attach separate statement)* | ………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………..……………………..…  ……………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………….. |
| **Was the street wet?** | Yes  No |
| **Did the other party admit liability?** | Yes  No |
| **Please draw sketch showing position of all vehicles and pedestrians at the time of the accident:** | |
| **Did the driver suffer any injury?** | Yes  No |
| **If Yes, was medical attention required?** | Yes  No  If Yes, state name and address of doctor or hospital  ………………………………………………………………………………………………………………….……….. |
| **Please indicate Insured Vehicle’s speed immediately prior to accident** | Stationary  Under 30 km/h  30-60km/h  60-80km/h  80-100km/h  Over 100km/h |
| **Please indicate Other Vehicle’s speed immediately prior to accident** | Stationary  Under 30 km/h  30-60km/h  60-80km/h  80-100km/h  Over 100km/h |
| **Was the vehicle towed from scene of accident?** | Yes  No If Yes, please give name of towing contractor  ................................................................................................................................... |
| **Where can the vehicle be inspected?**  *(If at a repairer’s premises – name, address, contact number of repairer)* | ...................................................................................................................................  ................................................................................................................................... |
| **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?** | Yes  No If Yes, please state:  (i) From which Police Station? …………………………………………………………………………….  (ii) Name of Officer ……………………………………………………………………………. | | |
| **Did the Police indicate which driver was at fault?** | Yes  No If Yes, please state:  (i) Name of driver charged or cautioned …………………………………………………………………...  (ii) Nature of charge or caution ……………………………………………………………………... | | |

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

|  |  |  |
| --- | --- | --- |
| **Number of other vehicles involved** | …………………………….. | |
| **Owner’s name and address** | ..................................................................................................................................................  ................................................................................................................................................. | |
| **Licence Number** | ……………………………………………… | **Age** |
| **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. Declaration**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.  I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed “Your Privacy”.   |  |  |  |  | | --- | --- | --- | --- | | Name of Claimant(s) |  |  |  | |  |  |  |  | | Signature of Claimant(s) |  |  |  | |  |  |  |  | | Position held |  |  |  | |  |  |  |  | | Date |  |  |  | |

**YOUR PRIVACY**

The Privacy Act 1988 requires us to make the following disclosure before collecting personal information about you

* We collect personal information in order to provide our broking services including assistance with insurance claims. We will ask you to supply personal information on this form so we can assist you to submit your insurance claim and have it considered by the insurer. We will disclose this information to the insurer for this purpose.
* If the personal information is not provided, the insurer may not be able to assess and pay the claim and we may not be able to assist with your claim.
* We and the insurer may disclose the personal information to other people involved in reviewing the claim, including reinsurers, other insurance intermediaries, the insurer's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process.
* Your information will be disclosed to organisations overseas if your policy is underwritten by an overseas insurer. If your insurer is overseas, information about where the insurer is located is set out below:

By signing this form, you consent to us and the parties mentioned above collecting, using and disclosing personal and sensitive information about you for the purposes described above.

Coverme Insurance Solutions Pty Ltd are committed to protecting your privacy. For more information about our Privacy Policy, please ask us for a copy or view [here](https://www.cbnet.com.au/privacy/)