



Motor Vehicle Accident Claim Form

THE COMPLETION OF THIS FORM AND ITS RECEIPT BY US IS NOT AN INDICATION THAT WE ACCEPT ANY LIABILITY.

WE HAVE QUALITY REPAIRERS TO HELP YOU IN THE EVENT OF A CLAIM.

PLEASE PRINT IN BLOCK LETTERS and answer all Questions where applicable (provide full and complete answers). If a particular question does not apply, please write "Nil" in the space provided. If the space provided below is insufficient to advise all the details, please attach a separate sheet.

THE FORM SHOULD BE COMPLETED AND RETURNED TO SGIC WITHIN 7 DAYS OF RECEIPT BY THE INSURED. NO REPAIRS SHOULD BE CARRIED OUT WITHOUT THE APPROVAL OF SGIC. A COPY OF ANY QUOTE FOR REPAIRS SHOULD BE INCLUDED WITH THIS FORM.

Claim No.

Policy No.

Expiry Date / /

Excess \$

INSURED'S DETAILS

Name of Insured ^{Mr} ^{Mrs} ^{Miss} ^{Ms} _____

Address _____

Telephone No. _____ Mobile No. _____ Contact Name _____

Name of Registered Owner _____ Phone No. (private) _____ (business) _____

(1) Are you registered for GST? No Yes

(2) What is your Australian Business Number (ABN)?

(3) Are you entitled to any Input Tax Credit (ITC) if you repair or replace the property damaged? No Yes
If "yes", what is your percentage entitlement? _____ %

(4) What was your 'Entitlement to an Input Tax Credit' (EITC%) on your premium payment for this policy? _____ %

VEHICLE DETAILS

(5) Year of Manufacture _____ Vehicle Make and Model _____
Body type e.g. Sedan, Utility _____ No. of Cylinders _____ Chassis/VIN No. _____
Engine No. _____ Registration No. _____

(6) Please list all accessories or other equipment which has not been fitted by the vehicle manufacturer _____

(7) Is Vehicle subject to Finance? (Mortgage/Bill of Sale/Hire Purchase/Lease) No Yes
If "yes", give details: Name _____ Branch _____ Contract No. (if known) _____

DRIVER'S DETAILS

(8) Driver or person last in charge of your vehicle. Name _____
Address _____ Date of Birth ____/____/____

(9) Driver's Licence No. _____ Classes _____ Expiry Date of Driver's Licence ____/____/____
Years held _____ Type of Licence Full Probationary Learners

(10) Has the driver had any accidents, traffic convictions and/or penalties in last 5 years? No Yes
If "yes", give full particulars. _____

(11) Has the driver's licence ever been suspended or cancelled? No Yes
If "yes", give details: (a) When _____
(b) State reason _____

(12) If the driver is not the Insured, please state:

(a) Was the vehicle being driven with the Insured's knowledge or consent? No Yes

(b) Was the driver a paid employee of the Insured? No Yes

(c) Does the driver have an insurance policy on their own vehicle? No Yes
If "yes", Name of company _____ Policy No. _____

(d) Has the driver ever been refused vehicle insurance or continuance thereof by an insurer? No Yes
If "yes", Name of company _____

DRIVER'S DETAILS (Continued)

- (13) Was the driver taken to hospital? No Yes
- (14) Had the driver consumed within 24 hours preceding the accident any drugs or alcohol? No Yes
 If "yes", please state the nature and quantity of drugs and/or alcohol consumed: _____

- (15) Were you requested to take a blood, breath or urine test? No Yes
 If "yes", give details of Type of Test:
 Blood Test Urine Test Alco-Test Full Breathalyser What was the reading? _____
- NOTE: DOCUMENTARY PROOF OF THE RESULT OF A BLOOD OR BREATHALYSER TEST MUST BE PROVIDED TO US**

POLICE, TRAFFIC AND OTHER ACTION AGAINST YOU OR YOUR DRIVER

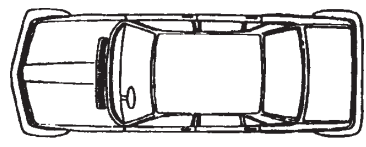
- (16) Did police attend accident and take particulars? No Yes
- (17) Has driver reported accident to the police? No Yes
 If "yes", give details:
 Where _____ Report Number _____ Date reported ____/____/____
- (18) Was any charge laid or intimated against driver? No Yes
 If "yes", give details:
 Nature of charges _____

- NOTE: WHERE DAMAGE EXCEEDS \$1,000 IT MUST BE REPORTED TO THE POLICE.**

VEHICLE INFORMATION

- (19) Was the vehicle being used for business at the time of the accident. No Yes
 If "yes", please state the nature of business: _____
 If goods carrying vehicle please state: (a) Nature of load _____ (b) Weight of load _____
- (20) Describe damage to insured vehicle in this accident: _____

Place **X** on diagram to show areas of damage.



- (21) Was there pre-existing damage? No Yes
 If "yes", give details: _____
- (22) Was vehicle towed? No Yes
 If "yes", give details: By Whom? _____ When _____
 Present location of vehicle _____
- (23) Choice of Quality Repairer _____ Repair Quote \$ _____
- (24) When will vehicle be left at repairer's workshop to be inspected? _____

NOTE: Please phone us to report the accident and to arrange inspection for repairs to proceed without delay. Where an accident has occurred beyond Metropolitan Area, an itemised quotation should be sought from a local repairer and sent with this form (except TPPD).

DETAILS OF OTHER VEHICLE OR PROPERTY

Please supply full names of other driver, also their private and business address. This will assist recovery of your repair costs.

- (25) Owner's Surname _____ Other Names _____
- (26) Address _____ Phone No. _____
- (27) Driver's Surname _____ Other Names _____ Approx. Age _____
- (28) Address _____ Phone No. _____
- (29) Vehicle Make _____ Body type _____ Reg. No. _____
- (30) Describe damage to vehicle and/or property _____

_____ Approx. Cost \$ _____
- (31) Is this vehicle insured? No Yes
If "yes", state Name of company _____
- (32) Is the other driver known to you? No Yes
If "yes", how? _____

DETAILS OF ALL WITNESSES

*State if the witness was:

(a) an independent witness; (b) in the insured vehicle; or (c) in the third party vehicle. (See below)

- (33) Were there any witnesses to this accident? No Yes
If "yes", provide details:
- Name _____ Address _____
Phone No. _____ Age _____ * (a) (b) (c)
- Name _____ Address _____
Phone No. _____ Age _____ * (a) (b) (c)

DETAILS OF ACCIDENT

- (34) Have you previously reported this accident to us? No Yes
If "yes", give details: How? _____
- (35) Date of accident ____/____/____ Time _____ am/pm
- (36) Where did accident occur? Street _____ Town/Suburb _____
- (37) (a) Speed of your vehicle At the moment of impact _____ Before emergency arose _____
(b) Speed of other vehicle At the moment of impact _____ Before emergency arose _____
- (38) (a) What lamps were alight? (i) On your vehicle? _____ (ii) On the other vehicle? _____
(b) Were indicators operating? (i) On your vehicle? _____ (ii) On the other vehicle? _____
- (39) What was the road surface like? Wet Dry Loose
Traffic controls None Traffic Lights Give Way Sign Stop Sign Roundabout Other
- (40) How many vehicles were involved (including your own) _____
- (41) State clearly and fully how the accident occurred

(If insufficient space, please attach a separate written statement.)
- (42) Who, in your opinion was to blame for the accident? _____ Why? _____

- (43) Has any claim been made against you? No Yes
If "yes", give details: _____

DIAGRAM OF ACCIDENT

- (44) Name the streets
- (45) Indicate directions with arrows, so: → ↑ ↓ ←
- (46) Indicate distances so: ← 12ft or 4m →
- (47) Show accurately the position of the pedestrian or vehicles involved in the accident and witnesses.
- (48) Show your vehicle other vehicle
- (49) Show point of impact so: X
- (50) Show existence of any road signs at intersections

N

Please draw a PLAN OF THE ROADWAY where the accident happened.

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BEFORE SIGNING PLEASE READ THIS IMPORTANT INFORMATION

NO CLAIM BONUS - Your No Claim Bonus may be affected depending on the circumstances of the Loss and the cover selected.

EXCESS - You must pay all applicable excesses before we are liable for any payment under this policy.

DECLARATION

I hereby authorise the Insurer to obtain any report or statement that I have made to the police.

No information likely to affect the acceptance of this claim has been withheld. I understand that this claim may be refused if any information is false, or inaccurate or concealed.

I consent to the Insurer, in assessing or otherwise dealing with this claim, disclosing my personal information to or collecting my personal information from related entities, other insurers, insurance reference bureaux, investigators, or other parties providing services to the Insurer.

Signature of DRIVER _____

Age of DRIVER or person last in charge of vehicle _____

Date _____

The foregoing information is, to the best of my knowledge and belief, true in every respect.

I consent to the Insurer, in assessing or otherwise dealing with this claim, disclosing my personal information to or collecting my personal information from related entities, other insurers, insurance reference bureaux, investigators, or other parties providing services to the Insurer.

I hereby submit the foregoing information in support of my formal claim for indemnity under my policy and I hereby authorise the Insurer to obtain any report or statement that I have made to the police.

Signature of INSURED _____

Date _____