

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 that this claim form is completed promptly and that all questions are fully answered. If insufficient space, please attach a separate statement.

Unless specifically arranged beforehand, no repairs or alterations to the damaged vehicle should be made unless approved by your insurance underwriter.

Your Privacy

Logical Insurance Brokers is bound by the Privacy Act 1988 (Cth).

We are committed to protecting your privacy.

We collect, use, process and store personal information and, in some cases, sensitive information about you and your company to assist us manage your claim. Your insurer will be provided with this information in order to assess your claim. By providing this information to us, and your insurer, you consent to our, and your insurers, use of this information. This includes us, and your insurers, disclosing your information, where relevant, to affiliates of your insurers, other insurers and reinsurers and any service providers (including loss adjusters, surveyors, lawyers, accountants and investigators), insurance reference bureaus, and any business partners as required by law within Australia or overseas. You understand that any personal and sensitive information disclosed to organizations located overseas may not be protected in the same way as it is in Australia.

Even though we have no control over how the information will be used and disclosed, you consent to us disclosing your personal and sensitive information to those overseas organisations for the purposes described above. If you do not provide the requested information or consent to its collection and disclosure as described above, we may not be able to effectively manage your claim and your insurers may not be able to adequately assess your claim, or your claim may be delayed or your insurers may not accept your claim.

Your insurers may also obtain information from government offices and third parties to assess the claim in the event of loss or damage. Information about how to access the personal information we hold about you, have it updated or corrected or how to make a complaint about how your personal information is contained within our Privacy Policy. Please refer to our website for further information.

Contact us

You can contact our Privacy Officer using the details below:

Privacy Officer

Suite 21 Level 2 8 Hill Street
Surry Hills NSW 2010
PO Box 103
Darlinghurst NSW 1300

Phone 02 9328 3322
Facsimile 02 9328 3323
team@logicalinsurance.com.au

Claim number

Section 1. Details of the Policyholder

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

Name of insured

Address Post Code

Email Address Mobile

Work Phone Home Phone Fax Number

Policy Number Expiry Date

What is your Australian Business Number (ABN)?

Are you registered for GST? Yes No

To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium? %

Your Occupation/Bus/Industry/Trade

Name any other interested party How interested

Address Post code

Is there any other Insurance in force which would cover this in whole or part Yes No

If **YES**, please advise in the space provided

Insurer's Name

Policy Details

Section 2. Insured

Are you the sole owner of the insured vehicle?

Yes No

If **NO**, who is the owner?

Section 3. Insured Vehicle

Make & Model Year

Rego Number Rego Expiry Date Colour

Engine No Chassis No

Section 4. Class of Vehicle

Sedan or Station Wagon Bus or Coach

Van or Utility up to 2T Light Construction or earthmoving Plant

Rigid Vehicle over 2T and up to 5T Heavy Construction or earthmoving Plant

Rigid Vehicle over 5T and up to 10T Trailer

Rigid Vehicle over 10T Articulated Prime Mover

Other, please provide details

If **OTHER**, please provide details

Section 5. Trailer Details (if applicable)

Make Type

Year Registration No

Section 6. Driver

For parked or unattended vehicles, Driver = Vehicle custodian at the time of loss.

Surname Given Name(s)

Address Postcode

Phone No. Date of Birth Female Male

Driver Licence Expiry Date Years held

Class of License	C-Car <input type="checkbox"/>	HR-Heavy Rigid <input type="checkbox"/>	
	R-Rider <input type="checkbox"/>	HC- Heavy Combo <input type="checkbox"/>	
	LR-Light Rigid <input type="checkbox"/>	MC-Multi Combo <input type="checkbox"/>	
	MR- Medium Rigid <input type="checkbox"/>	Other, please state <input style="width: 150px;" type="text"/>	

Please attach a copy of the driver's licence when returning this claim form

Registered owner of vehicle

Are you an employee? Yes No If NO, state relationship

Have you had any traffic convictions or been involved in any motor vehicle accidents in the past five (5) years? Yes No

If YES, please give details

Have you ever had your license cancelled or suspended? Yes No

IF YES, please provide the year(s) and details

Have you been convicted of or had any fines or penalties imposed for any criminal offences in the last 10 years?

Yes No

If **YES**, please provide details

.....

.....

.....

Did you consume any alcohol or take any drugs during the 12 hours prior to the accident?

Yes No

If **YES**, state how much and when

.....

.....

Did you undergo a breath test, blood test or urine test for alcohol or drugs?

Yes No

If **YES**, what was the result

.....

.....

Did you refuse to undergo any of the above tests?

Yes No

Section 7. Damage to insured vehicles

Was your vehicle damaged?

Yes No

Was your vehicle towed away?

Yes No

Have you obtained a repair quote?

Yes No

Amount \$

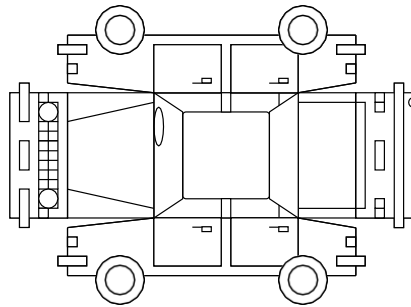
(Attach Quote)

If not drivable where can the vehicle be inspected?

Full address

Phone No

Show the damaged areas to your vehicle on the following diagram



Section 8. Accident Details

Date

Time

am/pm

Vehicle Use:

Business

Private

What was the accident location?

Street

Suburb

P/code

How did the accident happen?

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 another useful information.

Indicate your own vehicle as

A

Indicate any other vehicles as

B

Who do you consider was at fault?

Myself

Other driver

Other

Estimated speed of YOUR vehicle just before the accident

KPH

Estimated speed of OTHER vehicle just before the accident

 KPH

What was the condition of the road?

Sealed Unsealed Smooth Rough

How was visibility?

Good Moderate Poor

What were the weather conditions?

Dry Wet Raining Hailing Flood

Would you like to provide photos of the damage to your vehicle?
If **YES**, please attach when returning this form

Yes No

Were there any witnesses to the accident?
If **YES**, please provide names, addresses and contact numbers

Yes No

Did Police attend the accident?

Yes No

If **YES**, Police station

Name/Number of officer

If **NO**, state time and date reported to Police

Did Police indicate who was responsible?

Yes No

If **YES**, Name of driver?

Did Police charge either driver or suggest action may be taken?

Yes No Charge

Section 9. Damage to other vehicle 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		

Section 10. Personal Injuries

Was anyone injured in the accident? Yes No

Name	Type of injury	Injured Party (Passenger/Driver)	Vehicle (Registration No.)

Declaration and Authorisation (must be completed)

I/We declare that the above statements are true, correct and complete in every detail and that I/we have not suppressed or mis-stated any facts. I/we understand the claim may be refused if information is not true or is withheld.

I/We authorize insurers to give and to obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the insureds credit or insurance history as well as insurance claims information obtained during the course of this contract.

I/We expressly agree that the information given by me/us is provided with my full knowledge and consent and further agree to hold harmless and indemnify Logical Insurance Brokers in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this claims form headed "Your Privacy".

Date: _____

Signature of the insured: _____