

Elders Insurance

Motor Vehicle

Claim Report



Insurance

Local Insurance for over 100 years

Please retain this page for your information

IMPORTANT INFORMATION ABOUT YOUR CLAIM

- **This form must be completed and signed by the person who was driving your vehicle, or the last person who drove it if it was stolen or damaged whilst unattended.**
- **Please ensure you answer all relevant questions and return the fully completed claim form promptly.**
- **Under the terms of the Policy you are required to notify the Police immediately if:**
 - your vehicle has been stolen or maliciously damaged;
 - anyone is killed or injured as a result of the accident in which your vehicle was involved;
 - the other driver/s refused to give you their details.
- You must not admit fault or agree to pay for damage.
Simply advise other people that your insurance company will represent you.
If you receive any correspondence from other people involved in the accident, please send it to us immediately.
- We will contact you as quickly as possible about your claim.
- For some claims we will need to check the circumstances and damage before we authorise repairs.
- We may appoint an investigator or contact you for more information.
- Please do not authorise repairs to your vehicle. In most cases we will arrange for your vehicle to be assessed before we authorise the repair work to proceed.
- When submitting documents to us, please send us the originals – not copies.

WHAT TO DO IF YOU HAVE A COMPLAINT

- ✓ Your first step should be to talk to our Claims Consultant who is handling your claim if you are dissatisfied with:
 - our handling of your claim;
 - our decision on your claim;
 - the services of our assessor or investigator.

Our Claims Consultant will try to resolve the problem.

- ✓ If this fails to resolve the matter to your satisfaction, you can contact our Internal Dispute Resolution Panel (1300 307 941) and ask for the dispute to be reviewed through our Internal Dispute Resolution process.

You will find further details about the procedures for resolving disputes in the Product Disclosure Statement.

MOTOR VEHICLE CLAIM REPORT

**The issue and acceptance of this form does not constitute admission of liability by Elders Insurance Limited.
PLEASE NOTE: Repair work should not be started without the authority of Elders Insurance Limited.**

Agent's Name <input style="width: 95%;" type="text"/>	Policy Number <input style="width: 95%;" type="text"/>
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Part 1 INSURED'S DETAILS

Mr / Mrs / Ms / Other (please state) <input style="width: 95%;" type="text"/>	Surname <input style="width: 95%;" type="text"/>						
Given name(s) <input style="width: 95%;" type="text"/>							
Postal address <input style="width: 95%;" type="text"/>							
	State <input style="width: 150px;" type="text"/>						
	Postcode <input style="width: 150px;" type="text"/>						
Phone numbers	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; padding: 2px;"><input style="width: 95%;" type="text"/></td> <td style="width: 33%; border: 1px solid black; padding: 2px;"><input style="width: 95%;" type="text"/></td> <td style="width: 33%; border: 1px solid black; padding: 2px;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="text-align: center; font-size: small;">Home</td> <td style="text-align: center; font-size: small;">Work</td> <td style="text-align: center; font-size: small;">Mobile</td> </tr> </table>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Home	Work	Mobile
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>					
Home	Work	Mobile					
Fax <input style="width: 200px;" type="text"/>	Email address <input style="width: 200px;" type="text"/>						
Your preferred form of contact: Home phone <input type="checkbox"/> Work phone <input type="checkbox"/> Mobile phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/>							
Date of birth <input style="width: 100px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	If a business, name of contact person <input style="width: 200px;" type="text"/>						

Part 2 GST DETAILS

**IMPORTANT: We cannot deal with your claim unless this information is provided.
Please consult your Accountant if you are unsure how to answer these GST questions.**

1. Are you registered for GST purposes? No Yes

If "No", please go to Part 3. If "Yes" what is your ABN?
2. Have you claimed or do you intend to claim an input tax credit on the GST applicable to the premium for this Policy? No Yes

If "Yes", is the amount claimed or intended to be claimed less than 100% of the GST applicable to the premium? No Yes

If "Yes", please specify the percentage amount claimed or intended to be claimed. %
3. Are you entitled to claim an input tax credit for repairs/maintenance or replacement of your vehicle? No Yes

If "Yes", is the amount claimable less than 100%? No Yes

If "Yes", please specify the percentage amount claimable. %

Part 3 INSURED VEHICLE DETAILS

Registration number <input style="width: 100%;" type="text"/>	Make <input style="width: 100%;" type="text"/>	Model <input style="width: 95%;" type="text"/>
Year of manufacture <input style="width: 100%;" type="text"/>	Colour <input style="width: 100%;" type="text"/>	Odometer reading <input style="width: 100%;" type="text"/>
Engine number <input style="width: 100%;" type="text"/>	VIN number <input style="width: 100%;" type="text"/>	
Registered owner <input style="width: 95%;" type="text"/>		
Address <input style="width: 95%;" type="text"/>		
	State <input style="width: 150px;" type="text"/>	Postcode <input style="width: 150px;" type="text"/>
<p>1. Does any other party (e.g. finance company) have an interest in the vehicle? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p style="margin-left: 20px;">If "Yes", please provide the company's name and address.</p> <input style="width: 95%; height: 20px;" type="text"/>		

Part 3**INSURED VEHICLE DETAILS**

2. Apart from standard modifications made by the original manufacturer, have there been any modifications made to the vehicle, or accessories added to the vehicle, which increase or enhance performance, such as (but not limited to) turbo charge, engine modifications, fuel or air system modifications, wide tyres or wheels, spoilers, alteration of suspension, high performance suspension etc? No Yes

If "Yes", what modifications have been made and/or accessories fitted?

3. How much did the modifications and/or accessories cost in total? \$

4. Was your vehicle stolen? No Yes

If "Yes", please go to Part 6.

Part 4**DRIVER'S DETAILS**

Mr / Mrs / Ms / Other (please state)

Driver's Surname

Given name(s)

Address

State

Postcode

Date of birth / /

Driver's age on day of accident

Phone Numbers

Home

Work

Mobile

Driver's licence number

Expiry date / /

Years held

Type of licence Full

Learners

'P' Plates

Motor Cycle

Other (explain)

1. Was the vehicle being used with the Insured's permission? No Yes

If "No", please explain.

2. For what purpose was the vehicle being used? Business Private

3. What is the driver's relationship to the Insured? Insured was driving Friend Employee

Family member → Please state relationship, e.g. wife, son etc.

Other → Please explain.

4. What % of time does the driver use the vehicle? %

5. Was the driver injured? No Yes

If "Yes", when and where was treatment received?

6. Did the driver consume any alcohol or take any drugs in the 12 hours before the incident? No Yes

If "Yes", please give details of what was consumed, and the amount consumed.

7. Was the driver breath tested or blood tested for alcohol or drugs? No Yes

If "Yes", was the test conducted by the police or at a hospital? Police Hospital

What was the reading? % *Please attach the original certificate.*


8. Did the driver refuse to be tested for alcohol or drugs? No Yes

If "Yes", please explain reasons.

Part 5

ACCIDENT / INCIDENT DETAILS

In the space below please draw a sketch of the accident scene to show the positions of the vehicles at the time of impact. On your sketch please record the street names and show the road lines and lane markings, and use the following symbols to indicate where the vehicles, witnesses and road signs were located.

Your vehicle 


Other vehicles 

Witness **W(1)**

Witness **W(2)**

Traffic lights **T**

Stop sign **S**

Give way sign 

(Freehand)

13. Who do you think was to blame, and why?

14. Did anyone admit they were to blame?

No Yes

If "Yes", who admitted blame, and what did they say?

15. Did your vehicle cause damage to property (e.g. fence, traffic sign, etc.)?

No Yes

If "Yes", please give details.

16. Were there any witnesses to the accident?

No Yes

If "Yes", please provide details. (If there is insufficient space, please record details on an attached sheet).

Witness 1

Mr / Mrs / Ms / Other (please state) Surname

Given name(s) Phone no.

Address State Postcode

Was this person a passenger in your vehicle?

No Yes

If "No", where was the witness located?

Witness 2

Mr / Mrs / Ms / Other (please state) Surname

Given name(s) Phone no.

Address State Postcode

Was this person a passenger in your vehicle?

No Yes

If "No", where was the witness located?

Part 6**THEFT DETAILS (to be completed if the vehicle was stolen)**

1. At what date and time was the vehicle left parked?

Day (e.g. Friday)

Date

 / /

Time

 am/pm

2. At the time your vehicle was stolen, was it being hired out by you to a customer?

No Yes

3. Please give details of the person who last drove the vehicle before it was stolen.

Mr / Mrs / Ms / Other (please state)

Surname

Given name(s)

Phone no.

Address

State

Postcode

4. Where was the vehicle stolen from (address)?

5. Why was your vehicle left there?

6. Did the driver lock the vehicle?

No Yes

7. Were there spare keys for the vehicle?

No Yes

If "Yes", where were those keys located at the time the vehicle was stolen?

8. Is your vehicle fitted with an alarm or immobiliser?

No Yes

If "Yes", was the alarm or immobiliser turned on?

No Yes

If it was not turned on, please explain why.

9. Give details of any other device which was fitted to the vehicle to prevent it being stolen (e.g. steering wheel lock).

10. When did you discover that the vehicle had been stolen?

Date

 / /

Time

 am / pm

11. How did you discover that the vehicle had been stolen?

12. What were you doing from the time when the vehicle was left parked until you discovered it had been stolen?

13. How did you get home after the theft?

14. Who reported the theft to the Police?

15. Has the vehicle been found?

No Yes

If "Yes", who found it?

16. Where was it found?

17. When was it found?

Date

 / /

Time

 am / pm

18. When and how did you discover that it had been found?

19. Have you seen the vehicle since it was found?

No Yes

If "Yes", what type/s of damage has it sustained?

No damage

Burnt

Accident damage

Stripped

If the vehicle has been recovered in a damaged condition, please complete Part 7.

Part 7

VEHICLE DAMAGE DETAILS

Are you claiming for the damage to your vehicle? No Yes

If "No", go to Part 8.

1. Is your vehicle driveable? No Yes

If "No": how did the driver get home?

at what address can your vehicle be inspected during business hours?

2. Was it towed from the accident scene? No Yes

If "Yes": who arranged the towing?

name the towing company.

How far was it towed?

 kms

3. Have you obtained a repair quote? No Yes

If "Yes", please attach the quote.

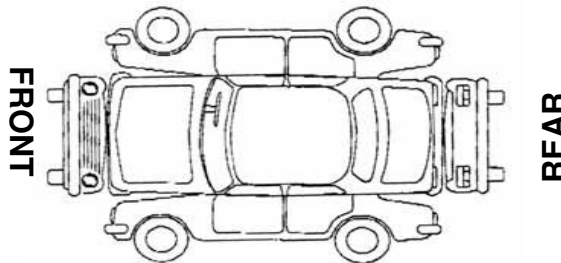
If "Yes", name of crash repairer.

How much is the quote?

 \$

Please shade in the areas of damage on the vehicle.

Use an arrow to show the point of impact.



4. Did the vehicle have any damage (e.g. dents, major scratches, rust, etc.) before the accident / theft? No Yes

If "Yes", please describe the type and location of the damage.

Part 8

THIRD PARTY DETAILS

(If more than two other vehicles involved, please record details on an attached sheet.)

Third Party 1

Mr / Mrs / Ms / Other
(please state)

Surname

Given name(s)

Address

State

Postcode

Phone number

Type of vehicle (e.g. Ford Falcon sedan)

Colour

Registration number

Third Party's insurance company

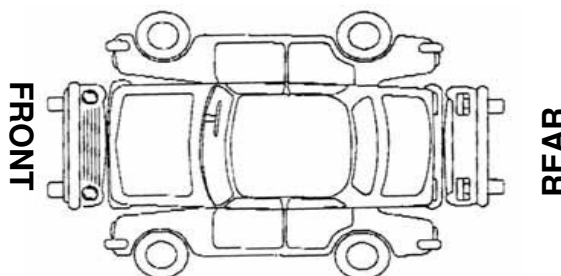
Policy number

1. Was the vehicle damaged? No Yes

If "Yes", please complete the following:

Please shade in the areas of damage on the vehicle.

Use an arrow to show the point of impact.



Part 8**THIRD PARTY DETAILS****Third Party 2**Mr / Mrs / Ms / Other
(please state)

Surname

Given name(s)

Address

State

Postcode

Phone number

Type of vehicle (e.g. Ford Falcon sedan)

Colour

Registration number

Third Party's insurance company

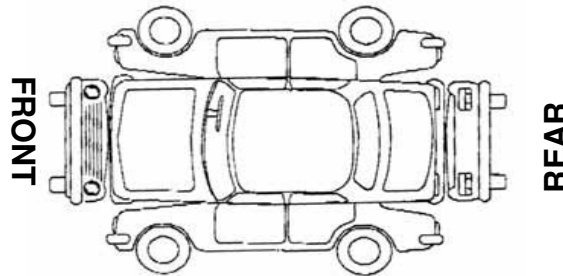
Policy number

1. Was the vehicle damaged?

No Yes **If "Yes", please complete the following:**

Please shade in the areas of damage on the vehicle.

Use an arrow to show the point of impact.

**Part 9****POLICE DETAILS**

1. Have the Police been notified?

No Yes

2. Did the Police attend the accident scene?

No Yes Not applicable – vehicle was stolen

3. Who reported the accident or theft to the Police?

4. Date reported

 / /

Time reported

 am / pm

Which Police station?

Name of Officer

Police report number

5. Are the Police charging anyone?

Don't know No Yes **If "Yes", who has been charged?****What offences have they been charged with?**

To be completed for Personal Insurance Policy, Farm Insurance Policy, Business Insurance Policy or Commercial Motor Insurance Policy

(If insufficient space, please record details on a separate sheet and attach).

Accidents

1. During the past 5 years only, have you or any of the drivers of your vehicle(s):

had any accidents or had a vehicle stolen or maliciously damaged, whether a claim was lodged or not (excluding claims against Elders Insurance)?

No Yes

If "Yes", please provide full details.

Who was driving, or in charge of the vehicle?	Type of loss (i.e. accident or theft)	Date of loss	Value of loss	Insurance company (if applicable)
		/ /	\$	
		/ /	\$	
		/ /	\$	
		/ /	\$	
		/ /	\$	

Traffic offences

2. During the past 5 years only, have you or any of the drivers of your vehicle(s):

a. been fined for, charged with or convicted of a driving offence, including speeding (other than a parking offence)?

No Yes

If "Yes", please provide details.

Name of offender	Details of offence	Date of offence	Date of conviction or fine	Penalty imposed
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	

Please give details of any outstanding charges.

Name of offender	Details of offence	Date of offence	Date charged	Date when case will go to court
		/ /	/ /	/ /
		/ /	/ /	/ /
		/ /	/ /	/ /
		/ /	/ /	/ /
		/ /	/ /	/ /

b. had a driving licence suspended or cancelled, or had special conditions imposed on a driving licence?

No Yes

If "Yes", please provide details.

Driver name	Details

To be completed for Personal Insurance Policy

1. Have you, the driver or any person living permanently with you:

- a.** in the last 5 years been refused insurance, had an insurance renewal declined, an insurance policy cancelled, or had any special terms or conditions imposed by an Insurer (other than any imposed by Elders Insurance)? No Yes

If "Yes", please provide details.

- b.** in the last 10 years been convicted of, been charged with or had any fines or penalties imposed for any act involving drugs, dishonesty, arson, theft, fraud or violence against any person or property? No Yes

If "Yes", please provide details below.

Convictions

Name of offender	Details of offence	Date of offence	Date of conviction	Penalty imposed
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	

Prosecutions Pending

Name of offender	Details of offence	Date of offence	Date charged	Date when case will go to court
		/ /	/ /	/ /
		/ /	/ /	/ /
		/ /	/ /	/ /
		/ /	/ /	/ /
		/ /	/ /	/ /

- c.** lodged any insurance claims the last 5 years which would have been covered by a part of this Policy? No Yes

- d.** had loss or damage in the last 5 years that you did not claim for, and would have been covered by a part of this Policy? No Yes

If have answered "Yes" to either of the above questions, please provide details.

Type of loss (i.e. accident or theft)?	Date of loss	Value of loss	Insurance company (if applicable)
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	

- 2.** Are you or any person living permanently with you an undischarged bankrupt? No Yes

If "Yes", please give details.

To be completed for Farm Insurance Policy, Business Insurance Policy or Commercial Motor Policy,

1. Have you, the driver, or any of your directors or partners:

- a. in the last 5 years been refused insurance, had an insurance renewal declined, an insurance policy cancelled, or had any special terms or conditions imposed by an Insurer (other than any imposed by Elders Insurance)? No Yes

If you have answered "Yes", please provide details.

- b. - had any adult charges, convictions, fines or penalties imposed that are less than 10 years old; or more than 10 years old where the sentence imposed was imprisonment for a period of greater than 30 months for:
- had any juvenile convictions that are less than 5 years old, or more than 5 years old where the sentence imposed was imprisonment for a period greater than 30 months for:
- prosecutions pending for:
any act involving drugs, dishonesty, arson, theft, fraud or violence against any person or property? No Yes

If "Yes", please provide details below.

Convictions

Name of offender	Details of offence	Date of offence	Date of conviction	Penalty imposed
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	

Prosecutions Pending

Name of offender	Details of offence	Date of offence	Date charged	Date when case will go to court
		/ /	/ /	/ /
		/ /	/ /	/ /
		/ /	/ /	/ /
		/ /	/ /	/ /
		/ /	/ /	/ /

- c. lodged any insurance claims the last 5 years which would have been covered by a part of this Policy? No Yes
- d. had loss or damage in the last 5 years that you did not claim for, and would have been covered by a part of this Policy? No Yes

If you have answered "Yes" to any of the above questions, please provide details.

Type of loss (i.e. accident or theft)?	Date of loss	Value of loss	Insurance company (if applicable)
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	

- e. been declared bankrupt, owned or own a business which has been placed into liquidation or had a receiver or administrator appointed? No Yes

If "Yes", please give details.

The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, external claims data collectors, investigators, agents, Insurance Reference Services, or other parties as required by law. For further information on how we handle your personal information, please see our Privacy Statement which is available from any Elders Branch or from our website www.elders.com.au.

I/We consent to the storage, use and disclosure of personal and sensitive information relevant to the investigation, assessment and processing of this claim.

I/We have gained consent from, and made all parties aware of, the inclusion of their personal and sensitive information, relevant to this claim, in this Motor Vehicle Claim Report.

I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information, then Elders Insurance Limited will be unable to process my/our claim.

WARNING: Appropriate action will be taken against persons found to have lodged a fraudulent claim.

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld.

I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

Signature of driver

Date

Signature of insured

Date

