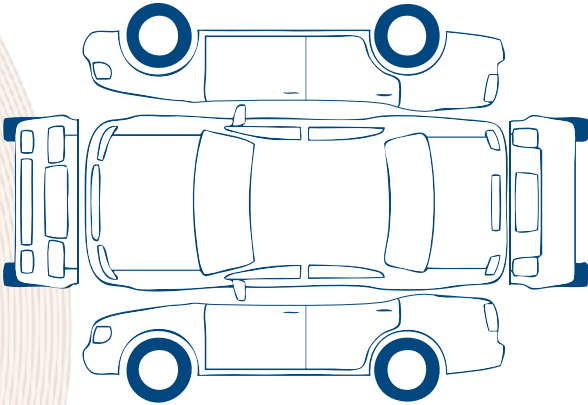


Motor Claim Form

Please ensure you complete this form with as much detail as possible:

1. Insured Or Company Details					
Insured name or company					
Policy number (if known)			Point of contact		
Phone number		Email			
Are you registered for GST purposes?	<input type="radio"/> Yes	<input type="radio"/> No			
Do you have an ABN?	<input type="radio"/> Yes	<input type="radio"/> No	ABN		
2. Vehicle Details					
Year		Make		Model	
Use of vehicle at the time of incident		Personal		Commuting to work	
Other (please specify)					
3. Driver Details					
Name					
Address					
Suburb			State		
Phone number			Date of birth		
Driver's license number		Class of license		Country of issue	
Expiry date of license		Driving experience (years)			
Did the driver consume any alcohol/drugs within 12 hours prior to the collision?					<input type="radio"/> Yes <input type="radio"/> No
If yes, please advise the type and quantity					
Has the driver's license been suspended or cancelled in the last 5 years?					<input type="radio"/> Yes <input type="radio"/> No
If yes, please explain when and why					
Did the driver undergo a breath or blood test following the accident?					<input type="radio"/> Yes <input type="radio"/> No
If yes, please state the result					
Please indicate on the diagram below, the area of damage to your vehicle					
			<p>No repairs or alterations to the damaged vehicle should be made until Insurers have approved repairs.</p> <p>Failure to do so could result in your Insurer being prejudiced and any costs which are not assessed as fair and reasonable will not be covered by Insurers meaning an out of pocket cost to yourself.</p>		

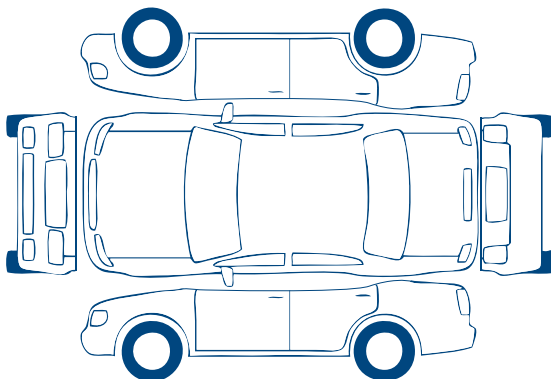
4. Details Of The Accident

Who do you consider at fault?	<input type="checkbox"/> Own	<input type="checkbox"/> Third party
Date		Time
Location the accident occurred		
What speed were the vehicles travelling at the time of the loss/damage occurring? (If applicable)	Yours	Theirs
Your vehicle registration		Other vehicle registration
What were the conditions at the time of the accident? (weather, lighting and condition of road)		
Please provide a detailed description of how the accident occurred		
Was your vehicle towed from the accident scene? <input type="radio"/> Yes <input type="radio"/> No		
If yes, name of towing company		
Phone number		
If no, please advise the location of the vehicle		
Suburb		State
Is your vehicle currently at a repair shop? <input type="radio"/> Yes <input type="radio"/> No		
If yes, name of repairer		
Phone number		Email
Address		
Suburb		State

5. Third Party Details

Vehicle Registration Number		Year	
Model & Make		Driver Name	
License number		DOB	
Driver phone number		Drivers Address, suburb, state	
Registered owners name			
Owners address			
Suburb		State	
Owners phone number			

Please indicate on the diagram below, the area of damage to the third party vehicle



If you are at fault for this accident: please ensure you advise the third party to contact your Insurer to discuss this matter further.

Do not accept liability nor should you advise the third party to proceed with the repairs without your insurer's authority.

If you feel a diagram will assist in explaining the accident, please provide this as an additional attachment to this form.

6. Theft Of Vehicle

(Yes is required for all malicious damage or theft/burglary claims)

Has your vehicle been stolen Yes No (please move to section 7)

Location or address where the theft occurred?

7. Witness Details

(Witnesses cannot be friends, family or someone who you know)

Name			
Address			
Suburb		State	
Phone number		Email	

8. Police Involvement

Did the police attend the scene of accident? Yes No

If no, was the incident reported to the police? Yes No

Please provide details

Officer		Police station	
Police report number		Phone number	

9. Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information. I/we agree that, by submitting this form, the personal information I/we provide to PSC Network Insurance Partners. in this form or otherwise may be collected, held, used and disclosed in the manner set out in the PSC Privacy Policy found at www.pscconnect.com.au/privacy, including for processing this claim.

Name			
Signature		Date	