

Elders Insurance

Motor Vehicle

Claim Report

LOCALinsurance
For over 100 years



Elders Insurance Limited ABN 62 081 106 505
Registered Office 27 Currie Street Adelaide SA 5000

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 Customer Relations Officer 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 Policy Number

Part 1 INSURED'S DETAILS

Surname Given Name(s)

Postal Address State Postcode

Phone Numbers Home Work Mobile

Fax Email Address

Your preferred form of contact. Home phone Work phone Mobile phone Fax Email

Date of birth / / If a business, contact person

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.

GST applies to the premium on this policy

1. Are you able to claim an input tax credit on this GST? No **Please go to Part 3.** Yes

If "Yes", what percentage of the GST that applies to the premium are you able to claim as an input tax credit? %

2. Please provide your ABN.

3. Are you able to claim an input tax credit on the vehicle involved in this claim? No Yes

If "Yes", what percentage are you able to claim? %

Part 3 INSURED VEHICLE DETAILS

Registration number Make Model

Year of manufacturer Colour Odometer reading

Engine number VIN number

Registered owner

Address State Postcode

1. Does any other party (eg finance company) have an interest in the vehicle? No Yes

If "Yes", please provide the company's name and address.

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? \$

LOCAL insurance For over 100 years

Part 4**DRIVER'S DETAILS**

Driver's surname Given name(s)

Address State Postcode

Driver's Date of Birth / / Driver's age on day of accident/theft

Phone Numbers Home Work Mobile

Driver's Licence number Expiry date / /

Years held Class

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, eg wife, son etc.

Other → Please explain.

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

5. 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.

6. Was the driver tested by the Police for alcohol or drugs? No Yes

If "Yes", what was the reading? % Please attach the original certificate.

7. Did the driver refuse to be tested by the Police for alcohol or drugs? No Yes

If "Yes", please explain reasons.

Part 5**ACCIDENT DETAILS**

If your vehicle was stolen, please go to Part 6.

1. Day of accident (eg Friday) Date / / Time am/pm

2. Where did it occur?

3. At the time of the accident was your vehicle – being driven? OR parked?

4. If it was being driven, what is your estimate of your speed 25 metres from impact? kmh

5. What is your estimate of the speed of the other vehicle 25 metres from impact? kmh

6. What were the weather conditions? (Please tick whichever boxes are appropriate).

Day Night Dusk Dawn Sunny Cloudy

Light rain Heavy rain Foggy Other, please explain.

7. Was your visibility good? No Yes

If "No", please explain.

Part 5

ACCIDENT DETAILS (continued)

8. Did the accident happen after sunset?

No Yes

If "Yes", was there street lighting?

No lighting at all

Yes, but lighting was poor

Lighting was good

9. Please describe the road surface. (Please tick whichever boxes are appropriate).

Sealed

Unsealed

Wet

Dry

Other, please explain.

10. Is your vehicle a commercial goods-carrying vehicle?

No Yes

If "Yes", what was being carried.

Weight of load.

kgs

11. Was the accident caused by any failure or breakdown of your vehicle?

No Yes

If "Yes", please explain.

12. How did the accident happen?

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

W(1) Witness

W(2) Witness

T Traffic lights

S Stop sign

▽ Give way sign

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

Part 5

ACCIDENT DETAILS (continued)

14. Did anyone admit they were to blame? No Yes

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

15. Were there any independent 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

Name

Address Phone number

Where was the witness located?

Witness 2

Name

Address Phone number

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 (eg Friday) Date / / Time am/pm

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

Full Name

Address Phone number

3. Where was the vehicle stolen from?

4. Why was your vehicle left there?

5. Was the vehicle locked? No Yes

6. Were there spare sets of keys at the time the vehicle was stolen? No Yes

If "Yes", who had the spare sets?

7. Where were the spare sets 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 (eg 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?

Part 6

THEFT DETAILS (continued)

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", at what address can it be inspected during business hours?

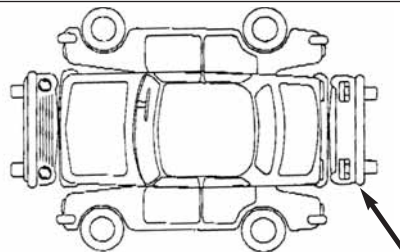
2. Was it towed from the accident scene? No Yes

If "Yes", 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 your vehicle



Use an arrow to show the point of impact

4. Did the vehicle have any damage (eg 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

Name Phone number

Address

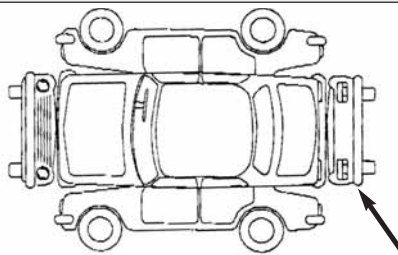
Driver's licence number Registration number

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 your vehicle



Use an arrow to show the point of impact

Third Party 2

Name Phone number

Address

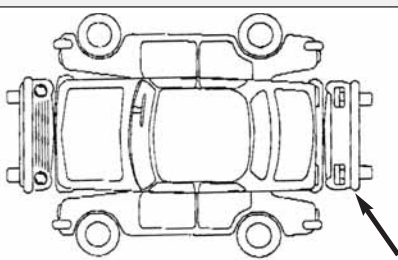
Driver's licence number Registration number

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 your 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. Police Report number Date Reported / /

Which Police Station? Name of Officer

5. Are the Police taking any action? Don't know No Yes

If "Yes", who has been charged?

What offences have they been charged with?

This section is to be completed if your claim is under a Personal or Farm Insurance Policy. If you are claiming under a Commercial Motor Insurance Policy please go to Part 11.

1. **During the past 5 years only**, have you, or your driver been involved in any vehicle accidents or had your vehicle stolen?

No Yes

If "Yes", please provide details.

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

Who was involved - Insured or driver?	Type of loss (ie accident or theft)	Value of loss	Insurance Company (if applicable)
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

2. **During the past 5 years only**, have you, or your driver –

a. had any insurance or renewal of insurance declined or cancelled, or special conditions imposed?

No Yes

If "Yes", please provide details.

b. had your driving licence suspended?

No Yes

If "Yes", please provide details.

3. Do you, or your driver have –

- any adult convictions 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; and/or
- 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; and/or
- prosecutions pending;

for:

a. dishonest acts?

No Yes

b. acts of wilful damage to property?

No Yes

c. assault?

No Yes

d. illegal possession or sale of drugs?

No Yes

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

Name of Offender	Details of Offence	Date Convicted	Penalty Imposed

This section is to be completed if your claim is under a Commercial Motor Insurance Policy

1. **During the past 5 years only**, please provide details of all accidents in which your vehicles have been involved or thefts of your vehicles (excluding claims against Elders Insurance Limited).

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

Type of loss (eg accident or theft)	Date of loss	Value of loss	Insurance company (If applicable)
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

2. **In the past 5 years only**, have you, or any of your directors, had any insurance or renewal of insurance declined or cancelled or any special conditions imposed? No Yes

If "Yes", please provide details.

3. **In the past 5 years only**, have you made any insurance claims, including claims against other insurance companies? No Yes

If "Yes", please provide details.

Type of loss (eg burglary)	Date of loss	Value of loss	Insurance Company
		\$	
		\$	
		\$	
		\$	
		\$	

4. Have you, or any of your directors:

- had any adult convictions 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; and/or
- 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; and/or
- prosecutions pending;

for:

- a. dishonest acts? No Yes
- b. acts of wilful damage to property? No Yes
- c. assault? No Yes
- d. illegal possession or sale of drugs? No Yes

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

Name of Offender	Details of Offence	Date Convicted	Penalty Imposed

(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.)

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.

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

I/We consent to the collection, storage, use and disclosure of personal and sensitive information concerning all persons affected by this claim.
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.

Signature of Driver	<input type="text"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>
Signature of Insured	<input type="text"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>

