

## MOTOR VEHICLE CLAIM FORM

### In the Event of a Claim:

- Take precautions to ensure that no further damage or loss occurs to the motor vehicle.
- Where possible have motor vehicle moved to a secure location if not driveable.
- Obtain one repair quotation.
- This Claim Form should be completed and returned to your Broker as soon as possible with any relevant photos and attachments.
- Contact your Broker if you are unsure about any matters relating to the completion of this Claim Form.
- No repairs are to be commenced without the consent of Australian Bus & Coach Underwriting Agents.

### Important Notice:

Australian Bus and Coach Underwriting Agents are required under Section 17 of the 'Insurance (Agents and Brokers) Act, 1984' to give you the following notice:

In dealing with or settling this claim, Australian Bus and Coach Underwriting Agents will be acting under the authority given to it by your Insurers as their Agent and not as your Agent.

### Please Note:

- Every question must be answered fully (if applicable).
- Incomplete, illegible or unclear answers will delay processing of your claim.
- If insufficient space is provided, please sign and date each sheet attached.

### Privacy:

Australian legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information. Australian Bus and Coach Underwriting Agents, as a division of Austagencies Pty Ltd, has developed a Privacy Policy which explains what sort of personal information we hold about you and what we do with that information. Please contact your broker or agent to obtain a copy of the Austagencies Pty Ltd Privacy Policy or e-mail to [insurebuses@abcua.com.au](mailto:insurebuses@abcua.com.au).

### Policy Details

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Insured: \_\_\_\_\_

ABN: \_\_\_\_\_

To what extent can you claim an Input Tax Credit on your motor vehicle insurance premium? \_\_\_\_\_ %

To what extent can you claim an Input Tax Credit on the vehicle which is the subject of this claim? \_\_\_\_\_ %

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Tel: \_\_\_\_\_ Mob: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Insured Vehicle Details

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Make of Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Registration No: \_\_\_\_\_ Vin/Engine No: \_\_\_\_\_ Colour: \_\_\_\_\_

For what purpose was vehicle being used at time of accident?

School Bus:  Local Charter:  General Charter/Intra State Tours:

Interstate Tours:  Airport, Hotel, Motel Transfers:  Scheduled Intercapital Express:

Route Service:  Self/Drive Hire:  Hotel/Club Shuttle Bus:

Intra State Express (i.e. Countrylink, Vline Services)  Private:

Other, please specify:  \_\_\_\_\_

Registered Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Do you owe money on your vehicle? *(Only answer if Insured vehicle a potential write off/total loss/stolen)*

No:  Yes:  Give details.

Name of Lender: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

## Driver Details *(if vehicle was stolen, include details of last driver)*

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Name: Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Numbers: Business: ( ) Private: ( )

Facsimile: ( ) Mobile: \_\_\_\_\_

Relationship to Insured (i.e. insured, employee, hirer, relative, lease driver, etc) \_\_\_\_\_

Licence Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How long has the driver been licensed for this type of vehicle? \_\_\_\_\_ Years

Was the vehicle being used with the insured's knowledge and consent? No  Yes

If Yes, Reason for use? (Business/Private etc.) \_\_\_\_\_

Did the driver drink any alcohol or take any drugs in the 12 hours prior to the accident? No  Yes

If Yes, give details: \_\_\_\_\_

Did the driver undergo a breath test, breath analysis or blood test? No  Yes  Give details

What was the reading? *(Please attach copy of the Certificate)* \_\_\_\_\_

## Accident or Theft Details

Date of accident or Theft: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Where did the accident happen? \_\_\_\_\_  
\_\_\_\_\_

Road surface: Dry  Wet  Smooth  Rough  Flat  Uphill  Downhill

At the time of the accident the insured vehicle was: Parked  Stationary  Moving  Speed \_\_\_\_\_ Kph

At the time of the accident the other vehicle/s were: Parked  Stationary  Moving  Speed \_\_\_\_\_ Kph

Traffic Controls: None  Stop Sign  Roundabout  Give Way Sign

If Traffic Lights – were they Green/Amber/Red against you? \_\_\_\_\_ Other Party? \_\_\_\_\_

What lights, if any, were being used by you? \_\_\_\_\_ Other Party? \_\_\_\_\_

Number of other vehicles involved: \_\_\_\_\_

Accident: Describe events before, during and after the accident *(include number of lanes, speed, parked, reversing)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who was at fault? Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

### Sketch Diagram of Accident

1. Name Streets

2. Direction of travel indicated by arrow

3. Your Vehicle 

4. Other Vehicle 

5. Show: North, South, East and West,  
Traffic signs, i.e. Stop, Give Way, Street Names



Theft: Describe events from time parked until discovered missing *(include who made discovery and any action taken)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Damage to your Vehicle

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

Was the vehicle towed? No:  Yes:  Give details

Name of Tow Company: \_\_\_\_\_

Where was it towed? \_\_\_\_\_ Distance towed: \_\_\_\_\_ Kms

Where is vehicle now? \_\_\_\_\_

Name and Address of Repairer: \_\_\_\_\_

Phone No: \_\_\_\_\_

Estimated cost of repairs: \$ \_\_\_\_\_

### Sketch Diagram

Shade in damage to your Vehicle.

Indicate point of Impact (X)



## Owner of Other Vehicle

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Name: Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Contact Numbers: Business: ( ) Private: ( )

Insurance Co: \_\_\_\_\_ Policy Number: \_\_\_\_\_

## Driver of Other Vehicle

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Name: Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Contact Numbers: Business: ( ) Private: ( )

Date of Birth: \_\_\_\_\_ Driver's Licence Number: \_\_\_\_\_

Was the owner in the vehicle at the time of accident? Yes:  No:

**IF THERE IS MORE THAN ONE VEHICLE INVOLVED PLEASE ATTACH DETAILS**

## Other Vehicle

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Make of Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Registration No: \_\_\_\_\_ Colour: \_\_\_\_\_

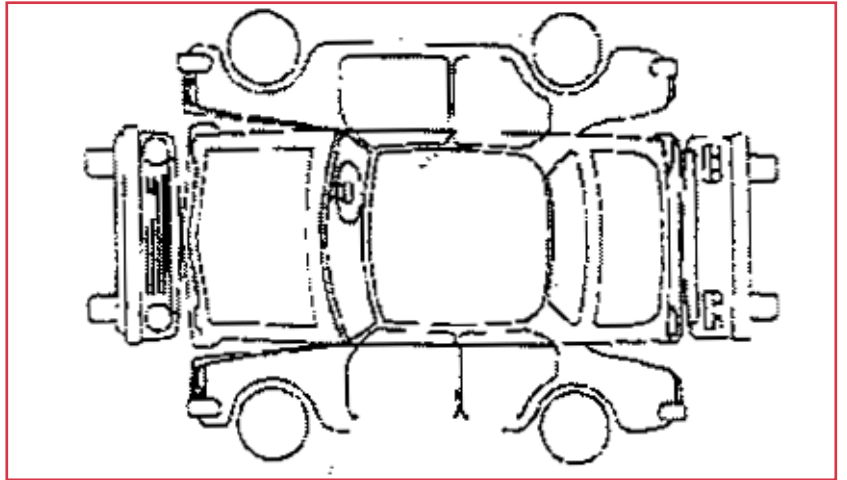
## Damage to Other Vehicle

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### Sketch Diagram

Shade in damage to Other Vehicle.

Indicate point of Impact (X)



## Other Parties

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Give details of pedestrians, owners of property or owners of animals involved.

Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Contact Numbers: Business: ( ) Private: ( )

## Police

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Did Police attend the accident scene? No:  Yes:  or did you report the accident to the Police No:  Yes:

Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Station: \_\_\_\_\_

Date of Report: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ *(Please attach a copy of the Police Report)*

Name of Person to be charged or cautioned: \_\_\_\_\_

Nature of charge or caution: \_\_\_\_\_

## Witness(es) Details

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Name: Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Contact Numbers: Business: ( ) Private: ( )

Mobile: \_\_\_\_\_

Was this witness in the insured vehicle? Yes:  No:

Name: Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Contact Numbers: Business: ( ) Private: ( )

Mobile: \_\_\_\_\_

Was this witness in the insured vehicle? Yes:  No:

## Declaration and Authorisation

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The information and answers given above are true and complete in every detail.

I understand the claim may be refused or reduced if information is withheld.

I authorise that Australian Bus and Coach Underwriting Agents give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Driver: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Insurers:</b>	*QBE Insurance (Australia) Limited ABN 78 003 191 035 of 82 Pitt Street, Sydney 2000	37.5%
	and	
	*Mercantile Mutual Insurance (Australia) Limited ABN 35 000 456 799 of 347 Kent Street, Sydney 2000	37.5%
	Through their Agent, QBE Mercantile Mutual Limited ABN 28 087 142 569 of 85 Harrington Street, Sydney 2000	
	*Allianz Australia Insurance Limited ABN 15 000 122 850 of 1 Margaret Street, Sydney 2000	25%