



Link Insurance Brokers

MOTOR VEHICLE

Policy Number		Client Code		Excess \$	
THE INSURED					
Name			Home Ph		
Address			Work Ph		
			Mobile Ph		
Post Code			Fax		
Email Address					
Are you registered for GST? Yes <input type="checkbox"/> No <input type="checkbox"/>			What is your ABN?		
Have you claimed or do you intend to claim an input tax credit on the GST component of the premium applicable to the Policy?			No <input type="checkbox"/> Yes <input type="checkbox"/> - Will you be claiming an amount less than 100%		
			No <input type="checkbox"/> Yes <input type="checkbox"/> - Specify amount claimed %		
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?			No <input type="checkbox"/> Yes <input type="checkbox"/> - Will you be claiming an amount less than 100%		
			No <input type="checkbox"/> Yes <input type="checkbox"/> - Specify amount claimed %		
INTERESTED PARTIES					
Is the Vehicle being claimed for subject to a Financial Agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Name of Financier			Contract No.		
VEHICLE DETAILS					
Year		Registration No.			
Make		Body Type.			
Model		Colour			
Has the Vehicle been modified in any way? No <input type="checkbox"/> Yes <input type="checkbox"/> - please give details below					
Detail Modifications				Value \$	
Detail additional accessories				Value \$	
Who is the Registered owner of the Vehicle?					
DRIVER DETAILS					
<i>(Include Details of Last Driver if Vehicle was stolen, or hit while parked, etc.)</i>					
Drivers Name			Date of Birth		
Driver's Address			Home Ph		
			Work Ph		
Post Code			Mobile Ph		
Licence No.		Expiry	Class		Years Class Held
Was the Vehicle being used with the Insured's Consent? Yes <input type="checkbox"/> No <input type="checkbox"/>					

If Yes, Reason for use? (Business, Private, etc)	
Driver's relationship to the Insured? (Eg: employee)	
How often does this driver use the Vehicle in a year?	
Did the Driver consume any alcohol or drugs during the 12 hours before the Accident? Yes <input type="checkbox"/> No <input type="checkbox"/>	Quantity
Was the Driver tested by the Police for alcohol or drugs? Yes <input type="checkbox"/> No <input type="checkbox"/>	Result
Does the Driver hold motor insurance on any other Vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, provide details of Insurer and Policy	
THIRD PARTY DETAILS	
<i>(Please complete the following if any other Vehicles were involved or other property damaged)</i> ***If you have received any demands or notices from anyone please submit with this claim***	
Year	Registration No.
Make	Body Type.
Model	Colour
Drivers Name	Home Ph
Driver's Address	Work Ph
Post Code	Mobile Ph
Name of Third Party's Insurance Company	
Describe damage to any other vehicle or property	
WITNESSES	
<i>Please Complete if there were any Witnesses to the Event</i>	
First Witness	
Name	Telephone No.
Address	Post Code
Where was the Witness?	
Second Witness	
Name	Telephone No.
Address	Post Code
Where was the Witness?	
ACCIDENT OR THEFT DETAILS	
Date of Occurrence	Time AM / PM
Location	Post Code
Accident Description: <i>Describe Events before, during and after the Accident</i>	

Please provide a sketch of the accident scene and show the Vehicle(s) with the following identification		
Your Vehicle = IV Third Party Vehicle(s) = TP1, TP2, TP3 (show registration on next line)		
TP1 Reg No.	TP2 Reg No.	TP3 Reg No.
Checklist: <input type="checkbox"/> Street Names <input type="checkbox"/> Distances <input type="checkbox"/> Lines/Lane Markings <input type="checkbox"/> Traffic Lights/Road/Signs		
Position/Direction of your Vehicle (IV) Position of other Vehicle(s) Property (TP) Point of Impact (X)		
(Freehand)		
Road Conditions: Wet <input type="checkbox"/> Dry <input type="checkbox"/> Sealed <input type="checkbox"/> Unsealed <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dawn <input type="checkbox"/>		
Who do you believe is at fault and why?		
Was there any admission of responsibility for the Accident?		
If Yes, give details		
THEFT - Please ensure policy details have been completed also		
Location where vehicle was stolen from		
Was the Vehicle locked? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where were the keys at the time?	
Were the keys duplicated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Who has each set of keys?	
Was the Vehicle alarmed or fitted with an immobiliser? Yes <input type="checkbox"/> No <input type="checkbox"/>	State which	
If Yes, was the alarm or immobiliser turned on? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If not turned on, state reason		
Has the Vehicle been recovered? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, By whom		
Where recovered? (If recovered, please complete Damage Section of Claim Form - above)		
Please Include Details of Last Person in Charge of Vehicle or Last Driver, in Driver's Section of Claim Form.		

DAMAGEInterior Engine Undercarriage All Over

Please list where the vehicle has been damaged

Is Vehicle driveable? Yes No

If Vehicle towed, state by whom

Where can your vehicle be inspected (for assessment purposes if not driveable)?

Please attach any Quotes that have been obtained**POLICE** *Police must be notified for all theft or malicious damage claims**Please state below whether the Police were notified*Did the Police attend the Scene? Yes No

Name of Officer

Police Report No.

Date Notified

Police Station

Phone No.

Were any charges laid or indications made of further action? Yes No

Give Details (who and what)

HISTORYHave you or the Driver had any insurance or renewal of insurance declined or cancelled or special conditions imposed in the last 5 years? Yes No Have you or the Driver had an accident or made a claim on a motor vehicle insurance policy in the last 5 years? Yes No Have you or the Driver been charged or convicted of any driving offence (such as speeding, disobeying traffic lights, etc) in the last 5 years? Yes No Have you or the Driver been charged or convicted of any criminal offence? Yes No

If Yes, to any History Questions, please give Details

DECLARATION AND AUTHORISATIONThe 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.

Signature of Insured 1.

Date

Signature of Insured 2.

Date