MOTOR VEHICLE CLAIM

(NON THEFT)

The issue of this form does not constitute an admission of liability on the part of the insurer.

Please complete all sections. IMPORTANT Attach one quotation from repairer.

Policy Number		**Claim Number**	

THE INSURED

Business Name					
Address					
Suburb		State		Postcode	
Are you registered for GST?	☐ Yes ☐ No	ABN			
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the policy?				☐ Yes ☐ No	
If yes, will you be claiming an amount less than 100%?	☐ Yes ☐ No	Amount claimed	%		
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?				☐ Yes ☐ No	
If yes, will you be claiming an amount less than 100%?	☐ Yes ☐ No	Amount claimed	%		
Business phone		Private phone		Mobile phone	

VEHICLE DETAILS

Year		Make		Model	
Rego		Colour		Odometer	
Registered Owner					
Address					
Suburb		State		Postcode	
Name of Lender		Account No.			
Address of Lender					

DRIVER DETAILS

Business name					
Address					
Suburb		State		Postcode	
Business phone		Private Phone		Mobile Phone	
Relationship to the Insured					
Licence number		Expiry Date		Date of Birth	
How many years has driver been licensed for this type of vehicle?					
Did the driver drink any alcohol or take any drugs in the 24 hours prior to the accident? If yes, give details				☐ Yes ☐ No	
Did the driver undergo a breath test, breath analysis or blood test? If yes, what was the reading? Please attach copy of the certificate.				☐ Yes ☐ No	
				Reading:	

INCIDENT DETAILS

Date		Day		Time		
Where did the incident happen?						
Street		Suburb		Nearest cross st		
Road surface		☐ Dry	☐ Wet	☐ Loose		
At the time of the accident the insured vehicle was		☐ Parked	☐ Stationary	☐ Moving	Speed	

Traffic controls	☐ None	☐ Stop sign	☐ Traffic lights	☐ Roundabout	☐ Give way sign	☐ Other

Number of other vehicles involved in the accident	
If applicable, what type of goods were being transported at the time of loss?	
Description of what happened	
Who was at fault?	

Sketch diagram of accident

1. Name streets
2. Indicate direction of travel
3. Your vehicle ☒
4. Other vehicle ☐

DAMAGE TO YOUR VEHICLE

Are you claiming for damage to your vehicle?	☐ Yes ☐ No
Was the vehicle towed? If yes, give details.	☐ Yes ☐ No

Name of Tow company		Tow location	
Distance towed		Vehicle location now	

Sketch diagram

Shade in damage to vehicle

Indicate point of impact (X)

OWNER OF OTHER VEHICLE

Business name					
Address					
Suburb		State		Postcode	
Business phone		Mobile phone		Private Phone	
Insurance company			Policy number		

DRIVER OF OTHER VEHICLE

Name					
Address					
Suburb		State		Postcode	
Divers Licence		Date of birth		Mobile phone	
Was the owner in the vehicle at the time of the accident? If there is more than one other vehicle, attach details.					☐ Yes ☐ No

OTHER VEHICLE

Rego no		Year		Make	
Model				Colour	

DAMAGE TO OTHER VEHICLE

Sketch diagram

Shade in damage to vehicle

Indicate point of impact (X)

OTHER PARTIES

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

Name					
Address					
Suburb		State		Postcode	

POLICE DETAILS

Did Police attend the accident scene or did you report the incident to the Police? Give details			☐ Yes ☐ No
Name		Rank	
Police station		Date of report	
Crime report no.		Please attach a copy of the Police report if available.	
Name of person to be charged or cautioned			
Nature of charge or caution			

WITNESS(ES) DETAILS

Business name					
Address					
Suburb		State		Postcode	
Business phone		Private phone		Mobile phone	
Was the witness in the insured vehicle?					☐ Yes ☐ No
Business name					
Address					
Suburb		State		Postcode	
Business phone		Private phone		Mobile phone	
Was the witness in the insured vehicle?					☐ Yes ☐ No

OWNER(S) AND DRIVER HISTORY

In the last 5 years have you as the owner or the driver of this vehicle:			
	Had an insurance refused, declined or cancelled by an insurer or any special conditions imposed?		☐ Yes ☐ No
	Been convicted or charged with:	Drug use, driving under the influence or exceeding Prescribed Concentration of Alcohol?	☐ Yes ☐ No
		Any driving offences or speeding infringements?	☐ Yes ☐ No
		Fraud, arson, theft or any other criminal act?	☐ Yes ☐ No
	Had a drivers or motorcycle licence cancelled, suspended or endorsed?		☐ Yes ☐ No
	Had a claim or accident?		☐ Yes ☐ No
	Had a car stolen or burnt out? (include any not reported or not claimed from an insurer)		☐ Yes ☐ No
	Suffered or suffer from impaired eyesight (excluding wearing of glasses), loss of use of any limb or loss of hearing or from any physical defect or epileptic, diabetic, heart or mental condition?		☐ Yes ☐ No

If you answered yes to any of the above, please provide details below. If there is insufficient space, please attached a sheet with relevant information.

Name of driver	Date of incident	Details	Your insurer	Person at fault

PRIVACY

The Pro-Insure Privacy Policy explains what sort of personal information we collect and hold about you and what we do with that information. Please contact us for a copy of our Privacy Policy or visit our website www.proinsure.com.au

DECLARATION AND AUTHORISATION

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 Pro-Insure Pty Ltd give to and obtain from other insurers, insurance reference bureaus and credit 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 1.		Name	Date
Signature of Insured 2.		Name	Date

Please check that this form has been fully completed as any omissions may delay your claim.

PRINT FORM RESET FORM