

# Motor Vehicle Claim Form



The supply or acceptance of this form is not an admission of liability on the part of Talos Insurance & Risk Solutions.

## Claimant Details

Name of Insured

Occupation

Contact Person

Home Phone No.

Email

Broker/Agent

Postal Address

Policy No.

Inception Date

**Interested Parties** Is the vehicle being claimed for under a Financial Agreement? Yes  No

Name of Financier

G.S.T. Are you registered for GST purposes? Yes  No  A.B.N.

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy?

To what extent are you entitled to claim an Input Tax Credit on the GST for this vehicle?

**Vehicle Details** Year  Make  Model

Body Type  Registration No.

Who is the Registered owner of vehicle?

**Driver Details:** (include details of last Driver if vehicle was stolen)

Driver's Name  Date of Birth  Phone No.

Driver's Address

Postcode

Licence No.  Class  Expiry  Years Held

Was the vehicle being used with the Insured's consent? Yes  No

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

Driver's relationship to Insured?

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  No  Quantity

Was the Driver tested by the Police for alcohol or drugs? Yes  No  Result

Does the driver hold motor insurance on any other vehicle? Yes  No

If Yes, provide details of Insurer and policy

**Accident or Theft Details:**

Date of occurrence  Time of Loss  am/pm

Location   
 Postcode

Accident: Describe events before, during and after the accident (include no. of lanes, speed, parked, reversing etc.)

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

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 numbers on next line)

TP1 Reg. No.  TP2 Reg. No.  TP3 Reg. No.

**Checklist:** Please show Street Names  Distances  Lines/Lane Markings  Traffic Signal/Signs

Position/Direction of your Vehicle  Position of other Vehicle/Property  Impact Point  Position of Witness

Road Conditions Wet  Dry  Sealed  Unsealed  Day  Dusk  Night  Dawn

Describe what the vehicle was being used for at the time

Who do you believe was at fault and why?

Was there any admission of responsibility for the accident? Yes  No

If Yes, give details

**Theft:** State where vehicle was stolen from

Was the Vehicle locked? Yes  No

Were the keys duplicated? Yes  No

Where were the keys at the time?

Who has each set of keys?

Was the Vehicle alarmed or fitted with an immobiliser? Yes  No  State which

If Yes, was alarm or immobiliser turned on? Yes  No

If not turned on, state reason

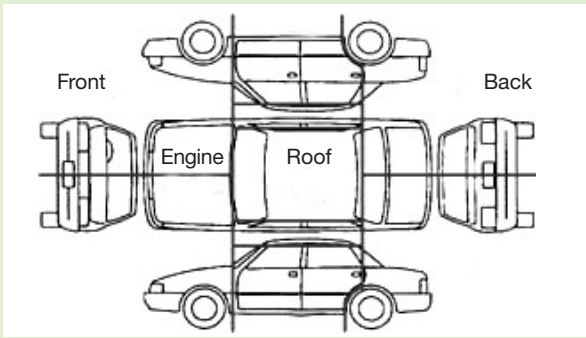
Has the Vehicle been recovered? Yes  No

If Yes, by whom?

Where recovered? (If recovered, please complete Damage Section of Claim Form)

**Please Include Details of Last Person in Charge of Vehicle or Last Driver, in Driver's Section of Claim Form**

**Damage: Please show damage on vehicle using diagram to assist.**



Interior  Engine  Undercarriage  All Over

Describe the damage:

Is the vehicle driveable? Yes  No

If vehicle towed, state by whom \_\_\_\_\_

Where can your Vehicle be inspected? \_\_\_\_\_

**PLEASE ATTACH ANY QUOTES THAT HAVE BEEN OBTAINED.**

**POLICE:** Please state below whether the Police were notified.

No  State Reason \_\_\_\_\_

Yes  Name of Officer \_\_\_\_\_ Police Station \_\_\_\_\_

Police Report No. \_\_\_\_\_ Date \_\_\_\_\_

Did the police attend the scene? Yes  No  Were any charges laid or indications made of further action? Yes  No

Give details (who and what) \_\_\_\_\_

**WITNESSES:** Were there any witnesses to the event? (If yes, please complete the following) Yes  No

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

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

Where was the Witness? \_\_\_\_\_

**SECOND WITNESS**

Name Telephone No. \_\_\_\_\_

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

Where was the Witness? \_\_\_\_\_

**THIRD PARTY DETAILS:** (Please complete the following if any other Vehicles were involved or other property damaged)

Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Body Type \_\_\_\_\_ Registration No. \_\_\_\_\_ Colour \_\_\_\_\_

Owner's Name \_\_\_\_\_

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

Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Driver's Name \_\_\_\_\_ Driver's Licence No. \_\_\_\_\_

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

Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Describe the damage to other vehicle or property \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Other Party's Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

**If you have received any demands or notices from anyone? Please submit with Claim Form.**

**HISTORY:** Have 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

Give details

Have you or the driver been convicted of or had any fines or penalties imposed for any criminal offence? Yes  No

Give details

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

Give details

Have you or the driver been convicted of or had any fines or penalties imposed for any driving offence (such as speeding, disobey traffic lights etc) in the last 5 years? Yes  No

Give details

If yes to any History questions, please give details

**DECLARATION:** I hereby agree that I will at the request of Talos Insurance & Risk Solutions, within 14 days of receiving notice thereof, obtain from the Commissioner of Motor Transport or the appropriate Authority, a complete and up-to-date record of offences in respect of which I have been reported and / or charged and / or convicted in connection with or as a result of the driving of any motor vehicle in any State or Territory of the Commonwealth of Australia or any other place and of all endorsements, suspensions or cancellations of any licence which I may have held entitling me to drive any motor vehicle and I hereby agree that if a dispute arises between me and the Talos Insurance & Risk Solutions, I will not object to the admissibility in evidence of such record or the truth of the matters contained therein.

Signature of Insured

Date

Signature of Driver

Date