

Claim Form - Car/Motor

Section 1 (To be completed by Owner):

Policy No Expiry Date

Name of Broker

Address

Phone No [] Email Address:

Make of Vehicle Year Model

Mileage Registration No

Co-Owner

In whose name is the Motor Vehicle registered?

For what purpose was the Vehicle used? (a) Normally

(b) On this occasion

Was Vehicle being used with your knowledge and consent? Yes No

If employee driving was he acting within the scope of your authority? Yes No

Is a trailer used in connection with the Motor Vehicle? Yes No

If so, was it attached? Yes No Value

Nature of loss or damage to Insured Motor Vehicle and/or trailer

What steps have been taken to remove Vehicle to place of safety?

Where can damaged Vehicle be inspected?

Do you desire any particular repairer to undertake repairs? Yes No

If so give name and address?

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Section 2 (To be completed by Driver):

Name of Driver

Occupation Date of Birth

Address

Phone No

Driving Licence No Date of Expiry

Are you (a) the owner; (b) Employee; (c) Relation or Friend of the Owner?

If you are not the Owner of the Vehicle referred to above –

Do you own a Motor Vehicle Yes No

if so, where is same insured

State particulars of your previous motor accidents

Have you ever been refused Motor Vehicle insurance or had a Policy declined or cancelled or a franchise or increased premium imposed? Yes No

Have you ever been prosecuted for a traffic offence or had your licence endorsed or suspended? Yes No

If so, state when and why

Have you any physical defect in limbs, eyesight or hearing? Yes No

If so, give particulars

Particulars of Accident:

Date day of 20 at am pm

Place where accident occurred

Estimated speed of your vehicle at time of impact

Was horn of your Vehicle sounded or other warning signal given? Yes No

If so, in what manner?

On what side of road was your Vehicle travelling?

How far were you from left kerb?

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Width of road at place of accident

Estimated speed of other Vehicle at time of impact

Did the driver of the other Vehicle give any warning signal of his approach of intentions? Yes No

If so, in what manner?

Did you consume any alcohol prior to accident? Yes No If so, state quantity

Was it alleged that the other Driver was under the influence of liquor?

If accident occurred after sundown were headlights burning brightly or dipped?

Your Vehicle

Other Vehicle

State type of road surface (earth, gravel, bitumen, concrete)?

Width of road?

What was the condition of the roadway (wet or dry, rough or otherwise)?

Describe weather conditions (fine, raining, foggy, etc.)

Was the visibility good? Yes No

Was the accident reported to the Police? Yes No

If so, where?

Contable's No

Name

Stationed at

Has Police action been taken or threatened in connection with the accident? Yes No

If so, what charge has been made or threatened?

Do you consider that the accident was caused or contributed to by fault or negligence of any other person? Yes No

What are your reasons for thinking so?

If so, give name and address and occupation of such person?

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Did you admit that you were at fault? Yes No

Did the other driver so admit? Yes No

State clearly any conversation you had with other drivers and/or witnesses and/or injured persons

State clearly and fully how the accident occurred

Sketch of:

(If not applicable, please sketch in space provided)

(Show road markings, traffic lights, compass point, street names)

Show your car

Other car

Additional cars

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Name and Addresses of All Witnesses of Accident:

Passengers in your Motor Vehicle

Independent Witnesses

Witnesses - It is most important that Names and Addresses of all Independent Witnesses of the Accident should be obtained, whether the Driver considers themselves to be at fault or not.

If no witnesses obtained please state reason:

Other Vehicle or Property Damage:

Name of Owner

Address

Name of Driver

Address

Phone number of Driver

Description of property damaged

If Vehicle, details and Reg. No

Nature of damage

Estimate of damage (if known)

Are you aware if the other Vehicle or property is insured? Is so what Company?

Has any claim been made against you by Third Party? Yes No

By whom?

Give particulars

Has any offer been made or any steps taken to compromise or settle the matter

By whom

Give particulars

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Electronic Funds Transfer (EFT) details

1. Do you want the benefit to be deposited directly into a financial institution account via EFT? Yes No

2. Name the account is held in:

3. BSB number Financial institution account number

(If you are unsure of the BSB number, please contact the financial institution where the account is held.)

4. Financial Institution: Branch:

GST (Only applies if your policy was purchased for business purposes)

1. Have you claimed or do you intend to claim an Input Tax Credit (ITC) in respect of the GST paid on the insurance premium for this policy? Yes No

2. If YES, what percentage of the GST did you claim, or are you intending to claim? Insured ITC %

We declare the foregoing particulars to be true in every respect to the best of our knowledge, information and belief.

Signature of Insured

Signature of Driver

Date

Date

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Privacy Notice

Brees and its insurers, referred to as “us”, “we” and “our”, are bound by the Privacy Act 1988 (Cth). Before providing us with any Personal or Sensitive Information (‘Information’), you should know that: We collect, use, process and store Personal Information about you, in order to comply with our legal obligations, assess your claim and, if your claim is successful, to administer the services provided to you.

If you do not agree to provide us with the Information, Brees and its insurers may not be able to process your claim

By providing us and our insurers with your claim Information, you consent to our use of this Information and where relevant for the purposes, you consent to our disclosure of your Personal Information, including your Sensitive Information, affiliates of Brees, insurers and reinsurers, service providers, our business partners, medical and health practitioners, government offices and agencies, regulators, law enforcement bodies, and as required by law within Australia or overseas.

Brees and/or its insurers may obtain Information from government offices, the parties listed above and third parties to assess your claim in the event of loss or damage.

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Consent

I consent to the Insurer, in assessing or otherwise dealing with this claim, disclosing my personal information to or collecting my personal information from related entities, other insurers, investigators, or other parties providing services to the Insurer as set out in this notice. If I have provided or will provide any information to Brees or its insurers about any individuals, I confirm that I am authorised to disclose his or her personal information to the insurer and also give consent on both my and their behalf.

Name	<input type="text" value="Please Print"/>	Signature
Date	<input type="text" value="/ /"/>	

Telephone 1300 287 287

Please send to: claims@brees.com.au

PLEASE KEEP A PHOTOCOPY OF ALL DOCUMENTATION YOU SEND TO US FOR YOUR OWN RECORD