

1. POLICY DETAILS

Full Name(s) of Policyholder: _____

Address: _____ Postcode: _____

Occupation: _____

Telephone Numbers: Business Hour: _____ After Hour: _____

Insurer: _____ Policy No: _____ Expiry Date: ____ / ____ / ____

For what purpose was the vehicle being used? _____

2. INSURED VEHICLE

Make & Model: _____ Body Type: _____

Year of Manufacture: _____ Registration No: _____

Name & Address of Finance Co. (if applicable): _____

Have there been any engine, body or transmission modifications from the manufacturer's original specifications or any accessories added?

Yes No If Yes, please give details: _____

3. DRIVER (Please complete these details in respect of the person in charge of the vehicle at the time of the accident)

Full Name of Driver: _____

Address: _____ Postcode: _____

Gender: Male / Female Date of Birth: ____ / ____ / ____

Drivers Licence No: _____ State of issue: _____ Licence Class: _____

How long has the driver held a motor vehicle drivers licence? _____ years Expiry Date of Licence: ____ / ____ / ____

Was the vehicle being used with the full knowledge and consent of the policyholder? Yes No

What is the relationship of the Driver to the Policyholder? Self Relative Employee Friend Other: _____

Have you (the Policyholder) or the driver of the vehicle at the time of the accident:

(i) been involved in any previous motor vehicle accident in the last 5 years? Yes No

(ii) been charged with any offence in relation to the use of a motor vehicle in the last 5 years? Yes No

(iii) had any insurance declined or cancelled, been refused renewal of an insurance or had special terms imposed in the last 5 years? Yes No

If "Yes", to (i), (ii) or (iii), please give details below:

Name	Date	Particulars (eg, name of insurance company, details of charges etc)

Was the driver under the influence of any drug or alcohol at the time of the accident? Yes No

Please state what drugs or how much alcohol was consumed by the driver in the 12 hours prior to the accident:

Did the driver undergo a breath test?

Yes No If Yes, what was the reading? _____

Has the driver's motor vehicle licence ever been cancelled or suspended? Yes No

If Yes, please give details: _____

4. ACCIDENT DATE

Date of accident: ____ / ____ / ____ Time of accident: _____ am / pm

5. DESCRIPTION OF ACCIDENT

Name of street where accident occurred: _____

If at an intersection, names of intersecting streets: _____

Suburb, Town, City: _____

State clearly and fully how the accident occurred (if insufficient space, attach separate statement): _____

Road Conditions: Tarmac/Bitumen Gravel/Dirt Sand/Beach









Situation: Straight Road Intersection Driveway Other: _____

Did the other party admit liability? Yes No If Yes, please give details: _____


Please draw sketch showing position of all vehicles and pedestrians at the time of the accident:

Please draw a sketch showing the position of all vehicles and pedestrians at the time of the accident. Show also position of all traffic lights, signs and pedestrian crossings.

SYMBOLS

Street Intersection		Pedestrians	
Curved Street		Stop Sign	
Your Vehicle		Give Way Sign	
Other Vehicle		Traffic Lights	

SHOW NORTH BY ARROW



Did the driver suffer any injury? Yes No

If Yes, was medical attention required? Yes No If Yes, state name and address of doctor or hospital:

Please indicate Insured Vehicle's speed immediately prior to accident:

Stationary Under 30 km/h 30-60km/h 60-80km/h 80-100km/h Over 100km/h

Please indicate Other Vehicle's speed immediately prior to accident:

Stationary Under 30 km/h 30-60km/h 60-80km/h 80-100km/h Over 100km/h

Was the vehicle towed from scene of accident? Yes No

If Yes, please give name of towing contractor: _____

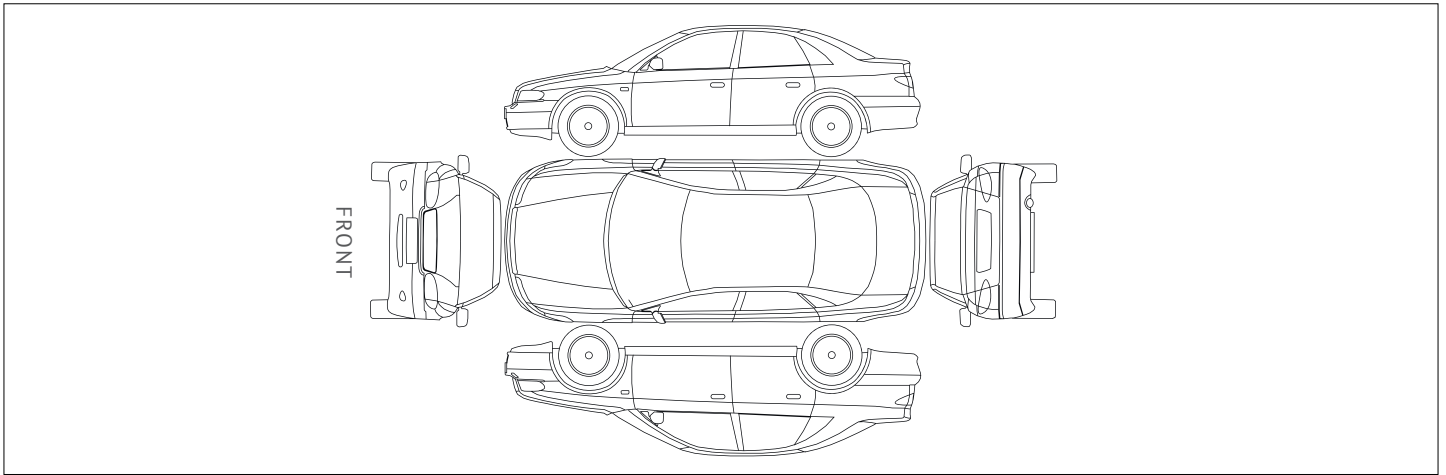
Did you authorise this towing? Yes No

Where can the vehicle be inspected? *(If at a repairer's premises - name & address of repairer):*

Telephone Number: _____

Estimated Cost of Repairs *(including parts)*: \$ _____ Repair Quotation No: _____

Please indicate areas of damage to insured vehicle:



6. POLICE

Date reported to Police: ____ / ____ / ____ Time reported to Police: _____ am / pm Report # _____

Did the Police attend the accident? Yes No If Yes, please state:

(i) From which Police Station? _____

(ii) Name of Police Officer: _____

Did the Police indicate which driver was at fault? Yes No If Yes, please state:

(i) Name of driver charged or cautioned: _____

(ii) Nature of charge or caution: _____

7. OTHER PARTIES **(Please complete this section if any other vehicles or property involved)**

Number of other vehicles involved: _____

Owner's name: _____ DOB: ____ / ____ / ____

Owner's address: _____

Licence Number: _____ Age: _____

Make and Model of Vehicle: _____ Registration Number: _____

Driver's name: _____ Contact Number: _____

Driver's address: _____ Postcode: _____

Please give particulars of damage to other party's vehicle and/or property:
NB: (If more than one third party involved, please provide similar particulars on a separate sheet)

8. WITNESSES

Passengers in Insured Vehicle

Names: _____

Addresses: _____

Independent Witnesses

Names: _____

Addresses: _____

9. ABN DETAILS

Are you a registered business? Yes No

What is your ABN? _____

What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred? _____%

10. EFT DETAILS

Please provide below Electronic Funds Transfer Details for where you would like any possible claim paid to:

Account Name: _____

BSB: _____ Account Number: _____

11. DECLARATION

The information and answers given above are a true and complete statement of the facts and matters relating to the happening for which this claim is made, and no information likely to affect this claim has been withheld. I authorise my Insurer to undertake on my behalf whatever actions are necessary to indemnify me within the terms of my policy including if necessary, removal of my vehicle to alternative premises to enable repairs to be carried out by a qualified Motor Body Repairer. I understand that this claim may be refused if information is untrue, inaccurate or concealed.

I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify

_____ (insert Company Name), authorised representative of Westcourt General Insurance Brokers, in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Driver's Signature: _____ Date: ____ / ____ / ____

Policyholder's Signature: _____ Date: ____ / ____ / ____