

Affinity Prestige

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ACCIDENT / CLAIM FORM

PLEASE READ THIS SECTION CAREFULLY BEFORE PROCEEDING

We are sorry to learn that you have been involved in an accident. Our main concern now is that your car is repaired and returned to you as quickly as possible.

- Complete this claim form and attach a copy of the driver's driving licence.
- Obtain two quotations** for the repair of the damage suffered in the accident. Repairs must not be authorised without our approval.
- Return the claim form and two quotations to us. On receipt we will give your claim our immediate attention, and where necessary appoint an assessor to inspect your vehicle.

Please do not hesitate to contact us if you have any queries. We are here to assist you in any way we can.

The issue and acceptance of this Claim Form is not an admission of liability by Ready Plan. Every question must be answered truthfully as failure to do so may affect acceptance of your claim.

1. THE INSURED (OWNER)

Policy No. _____ Expiry Date ____/____/____
Full Name: _____ Date of Birth ____/____/____
Address: _____
Work Phone No _____ Home Phone No _____ Occupation _____
Tax Status – Registered Business Yes No ABN _____ Taxable _____%

2. THE VEHICLE

Make _____ Model _____ Year of Manufacture _____
Reg. No. _____ Engine No. _____ No. of cylinders. _____

Name and address of person or dealer from whom the vehicle was purchased.

Purchase price \$ _____ Date of purchase ____/____/____

Is the vehicle under a Hire Purchase or Leasing Agreement, Bill of Sale, Chattel Mortgage or Personal Loan? Yes No

If yes, state which _____

And the name and address of the finance company _____

Is the car modified from the maker's standard? Yes No

If yes, please give modifications to the vehicle _____

Value \$ _____

Is there any prior unrepaired damage to the vehicle? Yes No

Details _____

3. THE DRIVER OF THE INSURED VEHICLE

Full Name _____ Date of birth ____/____/____

Address _____

_____ State _____ Postcode _____

Work Phone No. _____ Home Phone No. _____ Occupation _____

Lincence No. _____ Provisional or full _____

Date original licence obtained ____/____/____ Expiry date ____/____/____

Attach copy of both sides of licence

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

If yes, give details _____

Has driver been involved in any previous accidents or motoring offences in the past five years Yes No

If yes, give details _____

Has driver had a compulsory excess applied, been refused vehicle insurance or had a policy cancelled by any insurance company? Yes No

If yes, give details _____

Were alcohol or drugs consumed by the driver during the 24 hours prior to the accident? Yes No

If yes, state quantity _____

Was the driver asked to take a blood/breathalyser test? Yes No If yes, what was the reading _____

(Please attach copy of blood/breathalyser certificate.)

Were alcohol or drugs consumed by the driver during the 24 hours prior to the accident? Yes No

Does driver have (a) defective vision or hearing? Yes No

(b) any mental or physical defect or infirmity in the limbs? Yes No

If the driver is not the owner, was the owner's consent given? Yes No

If the driver is not the owner, does he/she own a motor vehicle? Yes No

If yes, state the name of the Comprehensive insurer _____

Complete the following section for Motor Vehicle Claim

4. THE ACCIDENT (Do not complete this section if only claiming for a broken windscreen)

Date of accident ____/____/____ Time _____ Place _____

For what purpose was the vehicle being used at the time of the accident? _____

Describe accident in detail? _____

Please sketch scene of the accident showing all traffic lights and/or road signs.

Road surface Conditions

Gravel

Level

Dry

Daylight

Weather Conditions

Dry/Fine

Sealed

On grade

Wet

Darkness (street lighted)

Wind/Hail

Specify

Hillcrest

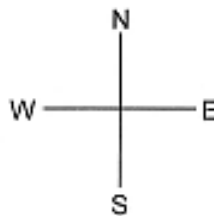
Muddy

Darkness (street not lighted)

Wet/Raining

Other _____

Fog./Snow



SYMBOLS FOR PLAN

Street intersection



Curved Street



Persons



Your vehicle



Other vehicle



(Direction of travel indicated by arrow in symbol)

Parked Vehicle



Tram tracks



Railway tracks



Stop signs



Giveaway signs



Pedestrian Crossing



Traffic lights



Priority road Metcon



Damage to insured car

Vehicle in now at _____

Was it towed? Yes No

Describe the damage in detail _____

NAME AND ADDRESS OF PASSENGERS IN INSURED VEHICLE

OTHER VEHICLE(S) INVOLVED IN ACCIDENT

Reg. No.	Make	Where damaged	Owner's or driver's name and address	Insures(s)

NAME AND ADDRESSES OF WITNESSES (show connection, if any, to insured)

Was anyone taken to hospital? Yes No If yes, name hospital _____

Was the accident reported to Police? Yes No

Police Station _____ Police Officer _____

Are you aware of any Police action taken or contemplated against any of the drivers? Yes No

Did either yourself or the other party admit fault or has nay claim been made on you? Yes No

Was the vehicle being used for hire fare or reward? Yes No

DECLARATION:

The information and answers given to all the questions on this claim are true and correct. I/We have not withheld any information likely to affect consideration of this claim. When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, external claim data collectors, investigators, agents, to the Insurance Reference Service (IRS), etc. Or other parties as required by law.

Date ____/____/____

Driver's Signature _____

Insured's Signature _____