



American Home Assurance Company
ABN 67 007 483 267
Incorporated with Limited Liability in the USA
A Member of American International Group, Inc.

Melbourne: 549 St. Kilda Road, Vic. 3004. (03) 9522 4000 GPO Box 4363, Melbourne 3001.
Sydney: Level 19, Citigroup Centre, 2 Park Street, Sydney, NSW 2000. (02) 9240 1711
Brisbane: Level 32, 10 Eagle Street, QLD 4000. (07) 3220 0700
Perth: Level 13, Allendale Square, 77 St. George's Terrace, WA 6000. (08) 9202 1366

MOTOR VEHICLE CLAIM FORM

SECTION 1 (To be completed by Owner)

Policy No _____ Expiry Date _____

Name of Insured _____ Occupation _____

Address _____ Phone No _____

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? _____

If employee driving was he acting within the scope of your authority? _____

Is a trailer used in connection with the Motor Vehicle? _____ If so, was it attached? _____ 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? _____

If so, give name and address? _____

SECTION 2 (to be completed by Driver)

Name of Driver _____ Occupation _____ D.O.B. _____

Address _____ Phone no _____

Driving Licence No _____ Date of Expiry _____ 20 _____

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? _____ 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? _____

Have you ever been prosecuted for a traffic offence or had your licence endorsed or suspended? _____

If so, state when and why _____

Have you any physical defect in limbs, eyesight or hearing? _____ If so, give particulars _____

PARTICULARS OF ACCIDENT: Date _____ day of _____ 20____ at _____ a.m./p.m.

Place where accident occurred _____

Estimated speed of your vehicle at time of impact _____

Was horn of your Vehicle sounded or other warning signal given? _____ If so, in what manner? _____

On what side of road was your Vehicle travelling? _____

How far were you from left kerb? _____ 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 _____

If so, in what manner? _____

Did you consume any alcohol prior to accident? _____ 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 visibility good? _____

Was the accident reported to the Police? _____ If so, where? _____

Constable's No _____ Name _____ Stationed at _____

Has Police action been taken or threatened in connection with the accident? _____

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? _____

What are your reasons for so thinking? _____

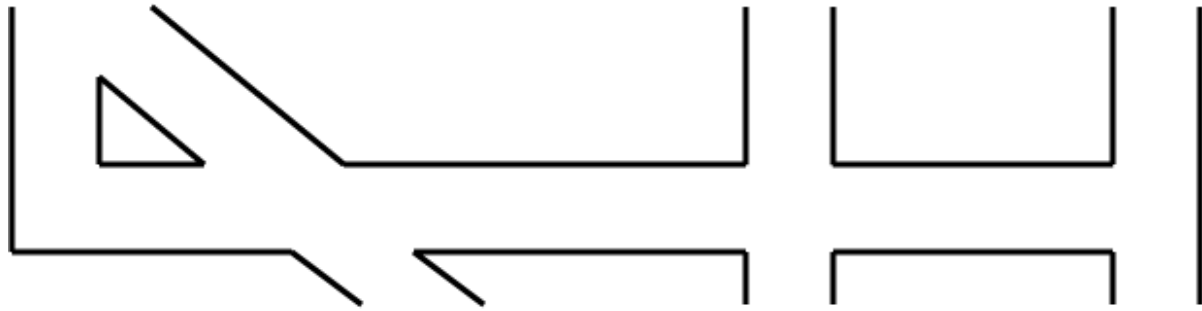
If so, give name and address and occupation of such person? _____

Did you admit that you were at fault? _____ Did the other driver so admit? _____

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

NAMES 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, wheater the Driver considers themself to blame or not.

If no witnesses obtained please state reason _____

OTHER VEHICLE OR PROPERTY DAMAGE -

Name of Owner _____ Address _____
Name of Driver _____ Address _____
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? _____ By whom? _____
Give particulars _____
Has any offer been made or any steps taken to compromise or settle the matter _____ By whom? _____
Give particulars _____
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 _____
Broker _____ Date _____ 20 _____

PRIVACY CONSENT I consent to American Home Assurance Company ("AHAC"):

Collecting and using my personal information for the purposes of administering my claim including investigating, assessing and paying any claim made by me or on my behalf. If we do not collect this information we may not be able to process your claim.

Disclosing my personal information to related entities of AHAC, their staff members located outside Australia, the insured, other insurers and reinsurers, insurance reference bureaus, law enforcement agencies, investigators, lawyers, assessors, repairers, advisors and the agent of any of these, insurance broker, insurance agent or other intermediary, my employer or Insurance Enquiries & Complaints Ltd for the purposes of administering my claim or providing a report.

I understand that American Home Assurance Company is a signatory to the General Insurance Information Privacy Code and that a copy of the AHAC's privacy policy statement, including information about access, may be obtained by writing to the Privacy Manager American Home Assurance Company 549 St Kilda Road Melbourne or by e-mailing australia.privacy.manager@aig.com