

DAWES MOTOR UNDERWRITING GROUP

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MOTOR VEHICLE CLAIM FORM

To ensure prompt attention to your claim, please complete this form in full and leave it with your vehicle for assessment.

- NOTE:**
- Ensure the accident description is accurate and all questions on the claim form have been answered in full.
 - Obtain one quotation from a repairer of your choice.
 - Repairs may not be commenced without written authority from Dawes Motor Underwriting Group.

INSURED'S DETAILS

Name: _____
Residential Address: _____ Postcode: _____
Private Phone number: _____ Mobile Phone number: _____
Email Address: _____
Policy Number: _____ Policy Expiry Date: _____

INSURED VEHICLE DETAILS

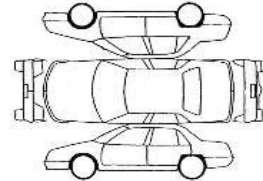
Make: _____ Model: _____ Year: _____
Type of Use: Private Business Sum Insured: _____
Chassis Number: _____ Engine Number: _____
Reg. Expiry Date: _____ Rego: _____ Speedo Reading: _____

DAMAGE SUSTAINED

Area Damaged: _____
Repairer's Name: _____ Phone Number: _____
Repairs Address: _____
Is Vehicle Driveable? Yes No Is vehicle at repairers? Yes No
Address Vehicle Towed to: _____

Date of Accident: _____
Time: _____ am/pm

Indicate on diagram the body panels damaged in this accident.



Accident Place - Street & Town: _____
Road Conditions: Wet Dry Daylight Dark
Your Vehicle Estimated Speed 100 Metres Prior to Impact: _____ kph
Estimated Speed On Impact: _____ kph
Was your vehicle on the correct side of the road **before** the collision? Yes No
Was your vehicle on the correct side of the road **after** the collision? Yes No
Other Vehicle Estimated Speed 100 Metres Prior to Impact: _____ kph
Estimated Speed On Impact: _____ kph
Was their vehicle on the correct side of the road **before** the collision? Yes No
Was their vehicle on the correct side of the road **after** the collision? Yes No

ACCIDENT DESCRIPTION

(If insufficient space please attach separate sheet)

Plan of Accident - Make an approximate plan of the scene of the accident showing the width of the roadway, position of vehicles and persons involved, and direction vehicles were travelling. If intersection, show traffic lights, stop signs, pedestrian crossing, etc.

DETAILS OF DRIVER OF INSURED VEHICLE

PLEASE PROVIDE A COPY OF YOUR LICENSE WITH THIS CLAIM FORM

Name: _____ Date of Birth : _____

Have you EVER had : _____ License No : _____

A motor vehicle stolen? Yes No Details _____

Lost your License? Yes No Details _____

Had any Traffic Offences, Fines or Infringements? Yes No Details _____

Had any prior Accidents and/or Claims? Yes No Details _____

If insufficient room for any question please attach separate sheet.

POLICE or TRAFFIC OFFICER DETAILS

Did Police Attend Accident Scene? Yes No

Officers Name: _____ Station Attached to: _____

If no was accident reported? Yes No

Was Intoxicating Liquor consumed by Driver in 12 Hours Prior to Accident? Yes No

If Yes how much and When? _____

Was Drivers Judgement Impaired? Yes No

Did Police Order any Breathalyser or Blood Alcohol Test? Yes No

Was Test Taken? Yes No What was the Reading? _____

Was Driver Driving with Knowledge and Consent of Insured? Yes No

Who was Responsible for the Collision? _____

Did any Driver Admit Liability? Yes No Whom? _____

Has a fine or On the Spot fine been imposed? Yes No

PASSENGER DETAILS

Name/s _____

Address/es _____

WITNESS DETAILS

Name/s _____

Address/es _____

OTHER VEHICLE DETAILS

Owners Name _____ Address _____

Drivers Name _____ Address _____

Drivers License # _____ Mobile Phone # _____

Vehicle Make _____ Reg # _____ Insurer _____

OTHER VEHICLE DETAILS

Owners Name _____ Address _____

Drivers Name _____ Address _____

Drivers License # _____ Mobile Phone # _____

Vehicle Make _____ Reg # _____ Insurer _____

PROPERTY DAMAGE

Damage to Property (Fence, Buildings, etc) _____

Persons Injured _____

PRIVACY

We are committed to protecting your privacy. We will only use the personal information you have provide to us in settling this claim and any claim made against you in respect of the claim.

You can check your personal information we hold by contacting our Privacy Officer on (02) 9144 6700.

I/We acknowledge Dawes Motor Underwriting Group may give to or obtain from other Insurers and/or Insurance/Financial Reference Bureau, State Licensing Authority, Parts or Service Providers, personal information in relation to this claim or my Insurance in general.

I/We hereby declare the foregoing particulars to be true and correct, and I/We undertake to render every assistance in My/Our power in dealing with this matter.

Signature of Owner _____ Date _____

Signature of Driver _____ Date _____