

# FREEMAN McMURRICK PTY.LTD.

A.C.N. 006 767 540 ABN 50 006 767 540 AFS LICENSE 236 653

## PRESTIGE MOTOR VEHICLE CLAIM FORM

**Ph (02) 9464 7470**

**F (02) 9464 7404**

### **How to obtain a quick response to your claim**

1. Make sure that you fully answer all questions
2. Attach a copy of the Driver's Licence for the driver of the vehicle at the time of the accident
3. Make sure you have read, signed and dated the declaration
4. Obtain two quotes for repair if your damage is under \$1000.00. If damage is greater than \$1000.00, only one quotation is required
5. **Please facsimile claim form to Tony Petrovski at Gallagher Broking Services on the above number**

### **Insured Details**

Policy Number ..... Due Date .....

Name of Insured .....

Address .....

City/Suburb ..... Telephone No. (.....) .....

**Are you GST Registered? 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? .....%

### **Vehicle Details**

Make ..... Model ..... Body Type .....

Reg. No ..... Eng No ..... Year .....

Name of registered owner if different to the insured .....

Was any part of the vehicle in a damaged condition before the accident? Yes  No

If yes, please describe damage .....

Is there a finance or lease agreement on the vehicle? Yes  No

If yes, name of lending company .....

Address .....

City/Suburb ..... Telephone No. ....

Was there any other insurance in force on the vehicle at the time of the accident? Yes  No

If yes, name of insurance company .....

### **Driver Details**

Name ..... Date of Birth .....

Address .....

City/Suburb ..... Telephone No. ....

Licence No..... Expiry Date ..... Type .....

Licence Special Endorsement/Restrictions .....

What is the relationship between the drivers and the insured? .....

Are you the permanent or regular driver of the vehicle? Yes  No

Was the driver driving with the knowledge and consent of the insured? Yes  No

Has the driver a vehicle of his/her own? Yes  No

Was it in use at time of accident? Yes  No

If yes, give details, ..... Name of insurer .....

Was the vehicle let on hire? Yes  No

Employed for carriage of fare paying passengers? Yes  No

Has any Insurer ever **declined, cancelled or refused to renew the driver's motor insurance or imposed**

### **special conditions**

Yes  No  If yes, please give details .....

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Did the driver consume any alcohol or drugs during the 12-hour period before the accident?

Yes  No  If yes, how much .....

Please list details of previous convictions, charges pending or infringements for any driving or criminal offence?

.....  
.....

## Damage

Describe the damage to your vehicle directly resulting from the accident .....

.....

Where is vehicle now .....

City/Suburb ..... Telephone No. ....

Was vehicle towed? Yes  No

If yes, by whom? .....

**Please attach a written quotation for the damage to your vehicle**

## Accident Details

Date ..... Time ..... am/pm

Location/Street .....

City/Suburb ..... State .....

Road Surface Sealed  Unsealed  How was visibility? Good  Moderate  Poor

Weather Fine  Raining  Foggy  Other .....

What was your speed, 20 metres before the accident ..... At the time of impact .....

Other vehicles speed, 20 metres before the accident ..... At the time of impact .....

Did either party admit liability?..... If yes, which party?.....

Who do you think was responsible? .....

Explain exactly how the accident happened (Use a separate sheet if necessary or back of this form).

.....  
.....  
.....  
.....  
.....

## **PLEASE SKETCH A PLAN OF THE ACCIDENT**

	<b>Direction</b>
	1. Name the streets
	2. Give width of streets
	3. Indicate line or lane markings _____
	4. Show give way and stop signs
	5. Show traffic control lights
	6. Indicate distances _____ 10m
	7. Indicate speed of vehicles
	8. Show accurately position of vehicles and witnesses
	9. Show your vehicle <span style="background-color: black; color: black;">          </span> other vehicle <input type="checkbox"/> 1 _____
10. Show point of impact with an <b>X</b>	

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## Third Party Details

**Please attach any demands received from the third party**

**If more than one vehicle involved, please attach a separate sheet or use the back of this form**

Other vehicle involved

Make/ Model ..... Reg. No. .... Body Type .....

Describe damage to other vehicle. ....

Drivers Name ..... Owners Name .....

Address ..... Address .....

City/Suburb ..... City/Suburb .....

Telephone No. .... Telephone No. ....

Licence No ..... Insurer..... Policy No .....

Was any property damaged in the accident, other than a motor vehicle? Yes  No

If yes, what else was damaged ? .....

Owner .....

Address .....

City/Suburb ..... Telephone No. ....

## Police

Did police attend accident or was accident reported to police station Yes  No

If yes, Officer's Name ..... Station ..... Incident Report No. ....

Was the driver of the insured vehicle tested for alcohol or drugs? Yes  No

If yes, what was the result? .....

Was any person charged, cautioned or infringed because of this accident? Yes  No

If yes, Name ..... Offence (s). ....

## Witness

Were there any witnesses to the accident? Yes  No

If yes, please provide further details

Name ..... Name .....

Address ..... Address .....

City/Suburb ..... City/Suburb .....

Telephone No. .... Telephone No. ....

## Declaration

I/We declare that the information supplied on this claim form is true in every respect.

I/We undertake to render every assistance in my/our power in dealing with this matter.

I/We give authority to the Insurer of our vehicle, to give or to obtain from any other insurance company, insurance reference bureau or similar organisation any information in relation to insurance matters or claims history

Signature ..... Date ..... Date .....

**Driver**

**Insured**

If you are not satisfied with the outcome of your claim, you may contact THE INSURANCE OMBUDSMAN SERVICE for advice and assistance in resolving your claim.

The TOLL FREE telephone number for THE INSURANCE OMBUDSMAN SERVICE is

**1 300 363 683**

Level 3, 387 St. Kilda Rd, Melbourne 3004

Phone (03) 9867 5677

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