

Motor Vehicle Accident Claim Form

FOR ALL CLAIMS EXCEPT
FIRE, THEFT AND WINDSCREEN



8/480 Collins Street,
Melbourne Vic 3000
Postal: GPO Box 348C,
Melbourne Vic. 3001
Telephone (03) 9649 2211
Facsimile (03) 9649 1177
Issued on behalf of GIO General Limited
ABN 22 002 861 583

CLAIM No. ALLOCATED
BY OFFICE IF KNOWN

Remember – do not admit liability or promise payment. Refer all letters to this Office.

OWNER'S PARTICULARS (PLEASE COMPLETE IN BLOCK LETTERS)

Surname – Mr/Mrs/Miss/Ms _____ Other Names _____
Address _____ Postcode _____
Home Phone No. _____ Business Phone No. _____ Occupation or Business _____
Policy No. _____ Expiry Date _____ Date of Birth ____/____/____
Was the vehicle used with your knowledge and consent? _____ For what purpose was your vehicle being used? _____

INSURED VEHICLE (BLOCK LETTERS)

Year of Manufacture	Make	Model	Body Type	Registration No.	Registration Expiry Date

REPAIR PARTICULARS (BLOCK LETTERS)

Are you having your car repaired at one of our GIO Recommended Repairers? YES / NO
If no, please understand that you will not be eligible for our 3 year guarantee? Please sign _____
Name & Address of your vehicle's Repairer _____
Repairer's Phone No. _____ Amount of Quotation (Please attach) \$ _____
Where is your vehicle now? _____
Was it driveable after the accident? _____ If NO, name of the Towing Firm _____ Phone No. _____
Name of the Finance Co. (if vehicle not fully paid) _____
Address of Finance Co. _____ Contract No. _____

DRIVERS PARTICULARS (BLOCK LETTERS)

Surname – Mr/Mrs/Miss/Ms _____ Other Names _____
Address _____ Postcode _____
Home Phone No. _____ Business Phone No. _____
Occupation or Business _____ Date of Birth ____/____/____
Licence No. _____ Is it Probationary _____ How Long Licensed _____ YRS _____ MTH
If the Driver was not the owner, please answer the following:-
Do you own a motor vehicle? _____ Registration No. of your vehicle _____ Are you a nominated driver on this Policy? YES / NO
Name of Comprehensive/Third Party Property Insurer _____ Policy No. _____ Expiry Date ____/____/____
Why were you not using your own vehicle? _____

ACCIDENT PARTICULARS (BLOCK LETTERS) To be completed by Driver

Date ____/____/____ Day of Week _____ Time _____ a.m./p.m.
Exact location of accident (Indicate Street/Road and Suburb/Town) _____
If accident was due to mechanical failure, give details _____
Was anyone under the influence of alcohol or drugs? _____
If so, who _____
If Driver, what was blood – alcohol reading? _____ Please attach blood/breathalyser certificate

DESCRIPTION OF ACCIDENT (BLOCK LETTERS)

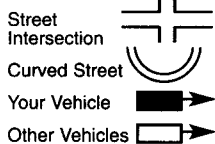
Weather Conditions? Wet/Dry/Foggy/Sunny/Overcast _____
What was your speed at the time of the accident _____ K.P.H. What was the speed of the other vehicle at the time of the accident _____ K.P.H.
State conversation with other drivers, witnesses or others _____

Who do you think was at fault in the accident, and why? _____

Describe accident in detail: _____

PLAN PLEASE SKETCH SCENE OF ACCIDENT AND SHOW ALL TRAFFIC LIGHTS, STOP AND GIVEWAY SIGNS

INDICATE AS FOLLOWS



Direction of travel shown by arrow

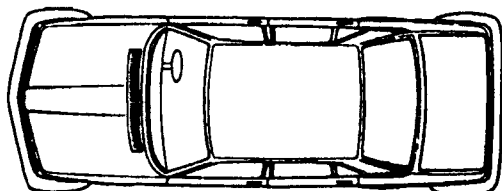
Indicate Traffic Control Signs

e.g. STOP (SIGN)

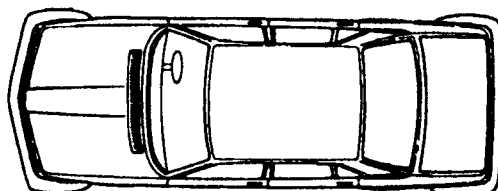


VEHICLE DAMAGE MARK ALL DAMAGED AREAS WITH X

YOUR VEHICLE



OTHER VEHICLE



PROPERTY DAMAGE (BLOCK LETTERS) THIRD PARTY VEHICLE DAMAGE INCLUDING FENCE, S.E.C. POLE, etc

Owner's Surname - Mr/Mrs/Miss/Ms _____ Other names _____

Address _____ Postcode _____ Phone No. _____

Details of Damage _____

Estimate of Cost - \$ _____ Please enclose all correspondence from other party

DETAILS OF OTHER DRIVERS AND VEHICLES INVOLVED (BLOCK LETTERS)

Name	Phone No.	Approx. Age	Sex	Address	Post-code	Vehicle Make	Reg. No.	Name of Comprehensive Third Party Property

PARTICULARS OF ALL PASSENGERS IN YOUR VEHICLE (BLOCK LETTERS)

Name	Age	Sex	Address	Postcode	Phone No.	Nature of Injury

PARTICULARS OF INDEPENDENT WITNESSES (BLOCK LETTERS)

Name	Sex	Address	Postcode	Phone No.	Viewed Accident from

POLICE REPORT (BLOCK LETTERS)

Did Police attend the scene of the accident? YES/NO If NO, was the accident reported to Police? YES/NO Date Reported ____ / ____ / ____

Time _____ a.m./p.m. _____ Police Officer's Name and No. _____

Stationed at _____

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

If YES, what was the charge? _____

Against whom is the charge? _____

Did you make a statement to the Police? If Yes, please attach copy.

PLEASE NOTE: Where a claim is made against a Policy and you are "at fault" it may affect your next year's renewal either by variation of Premium, Excess, Claims Credits or a combination of these.

DECLARATION: I/We declare the foregoing particulars to be true in every respect to the best of my/our knowledge. I/WE grant permission to GIO Insurance Ltd to give and obtain any information relating to this insurance to/from other insurers or any insurance reference bureau.

Signature of Owner _____ Witness _____ Date ____ / ____ / ____

Signature of Driver _____ Witness _____ Date ____ / ____ / ____

This is intended to be a: Claim Report Only