

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? Yes No

If employee driving was he acting within the scope of your authority? Yes No

Is a trailer used in connection with the Motor Vehicle? Yes No

If so, was it attached? Yes No 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? Yes No

If so give name and address?

As a subsidiary of a US company we are required to comply with the US Government's Medicare Secondary Payer Mandatory Insurer Reporting:

Are you a US Citizen? Yes No

If Yes, then please supply your Social Security Number

Section 2 (To be completed by Driver):

Name of Driver

Occupation Date of Birth

Address

Phone No

Driving Licence No Date of Expiry

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 Yes No

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? Yes No

Have you ever been prosecuted for a traffic offence or had your licence endorsed or suspended? Yes No

If so, state when and why

Have you any physical defect in limbs, eyesight or hearing? Yes No

If so, give particulars

Particulars of Accident:

Date day of 20 at am pm

Place where accident occurred

Estimated speed of your vehicle at time of impact

Was horn of your Vehicle sounded or other warning signal given? Yes No

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? Yes No

If so, in what manner?

Did you consume any alcohol prior to accident? Yes No 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 the visibility good? Yes No

Was the accident reported to the Police? Yes No

If so, where?

Contable's No Name

Stationed at

Has Police action been taken or threatened in connection with the accident? Yes No

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? Yes No

What are your reasons for thinking so?

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

Did you admit that you were at fault? Yes No

Did the other driver so admit? Yes No




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 

Name 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, whether the Driver considers themselves to blame or not.

If no witnesses obtained please state reason:

Other Vehicle or Property Damage:

Name of Owner

Address

Name of Driver

Address

Phone number of Driver

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? Yes No

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

Privacy Consent:

I consent to AIG:

- (a) 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.)
- (b) Disclosing my personal information to related entities of AIG, their staff members located outside Australia, the insured (if not myself), 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 Financial Ombudsman Service Limited (FOS) for the purposes of administering my claim or providing a report.
- (c) I understand that a copy of the AIG privacy policy statement, including information about access, may be obtained by writing to: The Privacy Manager, AIG, GPO Box 4363, Melbourne VIC 3001, or by downloading from AIG website www.aig.com.au

Signature

Date

PLEASE KEEP A PHOTOCOPY OF ALL DOCUMENTATION YOU SEND TO US FOR YOUR OWN RECORD



Bring on tomorrow

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