



Fleetsure Pty Ltd ABN: 78 078 661 220 AFSL: 238151  
as agent of the insurer  
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Sydney NSW 2000

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## MOTOR VEHICLE CLAIM FORM

Please **complete all sections** of the claim form clearly and forward to Fleetsure Pty Ltd.  
No repairs or alterations to the damaged vehicle should be made until approved by Fleetsure Pty Ltd. **Please note that the information on this form should not be construed as an admission of liability and is done so without prejudice.**

### 1. INSURED DETAILS

Insured Name		
Trading Name		
Policy Number	ABN	ITC %
Address		
Telephone Number	Mobile Number	
Broker Contact		

### 2. OTHER INTERESTED PARTIES / FINANCIERS

Does any other party have any financial interest in the vehicle or trailer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, name of the Interested Party		

### 3. DETAILS OF YOUR VEHICLE(S)

Motorised Unit - Year/Make/Model:			
Body Type:		Rego:	
Gross Vehicle Mass:		Engine No/VIN:	
Speed limiter fitted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "YES", what is the maximum speed? km/hr
Trailer(s) Year/Make/Model			
Rego. No(s).		Is this trailer owned or un-owned	
Has the vehicle or trailer been modified or converted from the manufacturer's specification or fitted with accessories other than those supplied at the maker's options? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, Please describe:			
Was there any un-repaired damage to the vehicle or trailer before the damage sustained in this incident? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please describe:			

#### 4. DETAILS OF THE EVENT

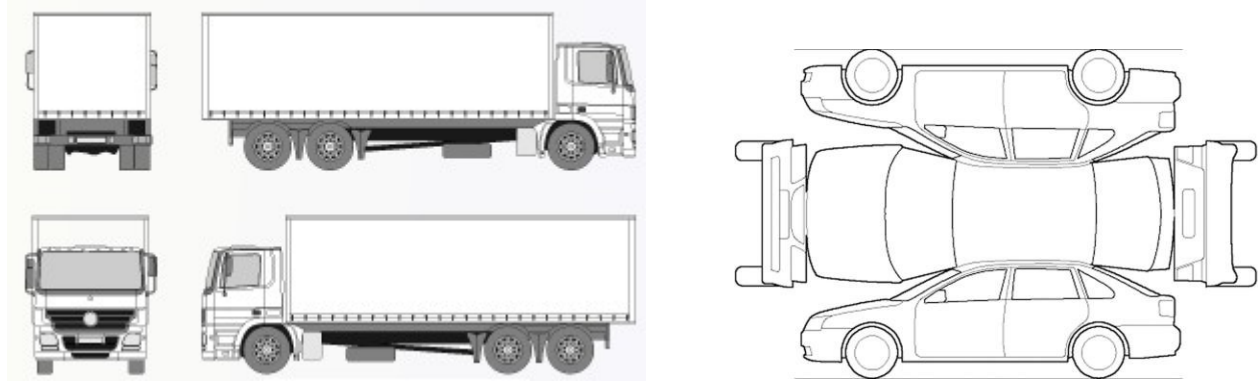
<b>Date of event</b>	<b>Time</b>	<b>am/pm</b>
Address where the event occurred:		
	Suburb	Postcode
Estimated speed of motor vehicle at time of accident	kph	20m from accident kph
How many vehicles were involved?		
How did the event happen? Please describe in detail the circumstances leading up to the event and as seen by the driver. Please attach a separate piece of paper if the space below is insufficient. Do not hide any facts that may not be in your favour.		
On what side of the road was your vehicle being driven at time of accident?		
Road type	Single / Dual / Multi Lane	
What was the condition of the road wet / dry / rough, if other please describe		
If the accident occurred after dusk	(a) were lamps alight on your vehicle	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(b) were lamps alight on other vehicle	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(c) was road well lit	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was a trailer attached to your vehicle at time of accident?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you of the opinion the accident was caused or contributed to by the fault or negligence of any person other than your driver? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, why:		
Please give details of conversation between your driver and the driver of the other vehicle immediately after the accident		

#### 5. DETAILS OF THE JOURNEY

State what vehicle(s) was carrying			
Weight of load	tonnes		
Point of departure	Destination for the trip		
Was the motor vehicle(s) being used with your knowledge and consent? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please state the correct name of the registered owner of the vehicle(s)			
Expiry date of current registration of vehicle(s)	Day	Month	Year

**6. IS THERE DAMAGE TO THE INSURED VEHICLE(S) Yes  No**

If Yes, vehicle was damaged, shade in damage on sketch below.  
 (No repairs or alterations to the damaged vehicle should be made until approved by Us)



To draw on the pdf  

**Acrobat** - Use the "Draw Free Form" tool located under the "Comments" options. **Preview** - Use the "Sketch" tool located under the "Show Markup Toolbar" options. These tools have a pencil icon. Alternatively print out this page, then scan in your sketches / shading and attach with the completed form when emailing to [claims@fleetsure.com.au](mailto:claims@fleetsure.com.au)

Where is the vehicle(s) now? \_\_\_\_\_


Can the vehicle(s) be safely driven? Yes  No

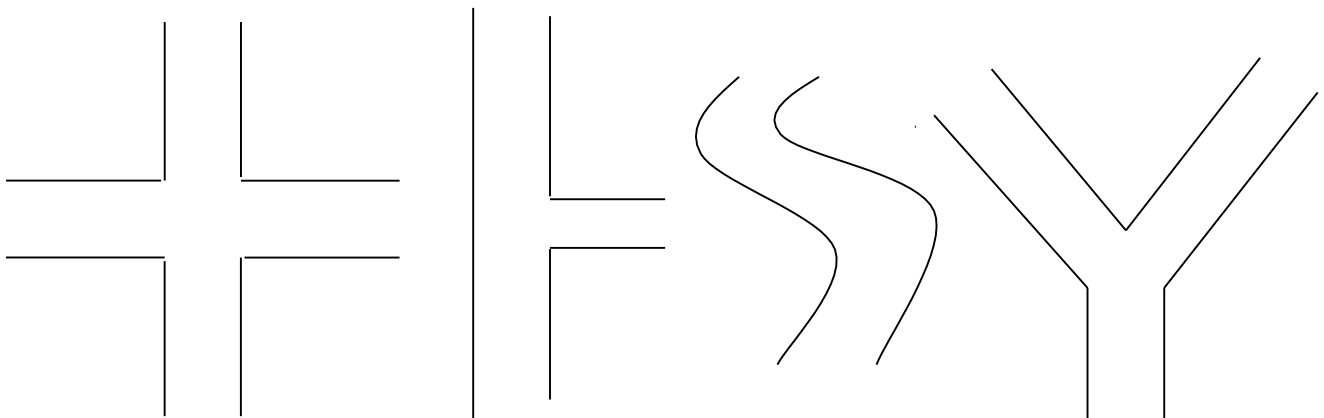
Which repairer do you intend to use?  
 (Please state Company name, full address, contact name & phone number)

**7. SKETCH PLAN OF ACCIDENT**

Please complete below the plan design applicable to the accident. If necessary, alter the design to suit the particular scene. Indicate centre of roadway, direction and location of vehicles, and location and nature of traffic control signs. Please mark using the following symbols:

Your Vehicle **I** Other party's vehicle **O** Point of impact with **X** Direction of each vehicle ← →

Indicate north with an arrow 



**8. DETAILS OF YOUR DRIVER (person in charge of the vehicle at the time of accident)**

Surname		First Name	
Address			Postcode
Telephone No.	Mobile No.	Occupation	
Date of Birth			
What license class does the driver currently hold?			
Driving experience in this class of vehicle?		Years	(Please attach copy of license)
License Number	Card Number	Expiry Date	State
Was the driver an employee of the owner?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "NO", state the relationship to the owner			
If "YES", date the driver was first employed by the owner			
Name of previous employer?			
Type of Licence held with the previous employer listed above?			
Details of driving experience with previous employer?			
If the driver is an employee, was he/she acting within the scope of his/her employment? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, please provide full details			
Give particulars of all previous motor vehicle accidents in which the driver were involved in			
Has/Did the Driver	(a) had a policy of Insurance cancelled or declined, or increased excess imposed, or endorsed with special conditions imposed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	(b) had a driver's licence suspended or cancelled? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	(c) been issued with any traffic infringement notices or been convicted of any traffic offences? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	(d) drink any alcohol or take any drugs in the 24 hours prior to the accident? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If "YES" to any of the above, please provide full details below		

**9. DETAILS OF THIRD PARTY VEHICLE/S INVOLVED IN ACCIDENT**

Owner's Name	
Address	
Driver's Name	
Address	
Phone No.	Licence No.
Name of 1 <sup>st</sup> third party's Insurer	Policy No.
Registration No.	Type (e.g. private car/taxi/truck)
Year & Make of Vehicle	Colour
Number of persons in vehicle and their names	
Nature of damage to other party's vehicle or property	
Estimate damage sustained \$	
Have you received any letters or notifications from the other party above? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, for what amount? \$	Please attach all correspondence received

**10. DETAILS OF 2<sup>ND</sup> THIRD PARTY VEHICLE**

Owner's Name	
Address	
Driver's Name	
Address	
Phone No.	Licence No:
Name of 2 <sup>nd</sup> third party's Insurer	Policy No:
Year/Make/Model	Colour
Registration No.	Type (e.g. private car/taxi/truck)
Number of persons in vehicle and their names	
Nature of damage to other party's vehicle or property	
Estimate damage sustained \$	
Have you received any letters or notifications from the other party above? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, for what amount? \$	Please attach all correspondence received

## 11. WITNESS

Name:
Address:
Phone No:

## 12. POLICE

Did a Police Officer attend the accident scene?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did a Police Officer take particulars?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name the Police Officer & Police Station:	
Police Event / File number:	
Is Police action pending against either party?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, against whom, and what is the charge?	
Was a breathalyser or blood test administered (or refused)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, what was the reading (amount)?	If refused, why?

**Please supply a copy of your Log Book for the last 72 Hours and a copy of your Drivers Licence.**

### **DECLARATION**

I/We declare that to the best of my/our knowledge and belief the information in this form is true and correct and I/We have not withheld any relevant information.

I/We consent to Fleetsure Pty Ltd using my personal information I/We have provided on this form for the purpose of processing my claim. I/We understand that if I/We choose not to provide the required details, this is my choice; however, Fleetsure Pty Ltd may not be able to process my claim.

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

Insured Signature \_\_\_\_\_ Date \_\_\_\_\_