

## MOTOR VEHICLE CLAIM FORM

Please complete all sections of the claim form clearly and forward to [claims@fleetsure.com.au](mailto:claims@fleetsure.com.au) Please attach

copies of:

- The driver's logbook for the 72 hours prior to the accident (if required by law).
- Their driver's licence.
- All correspondence received (e.g. letters or notifications) from any other party in relation to this claim.

No repairs or alterations to the damaged vehicle should be made until approved by Fleetsure.

Please note that the information on this form should not be construed as an admission of liability and is done so without prejudice.

### 1. DETAILS OF INSURED AND OTHER INTERESTED PARTIES

Insured name:			
Trading name:			
ABN:			
Address:			
Phone:		Mobile:	
Policy number:			
Input tax credit (ITC)%:			
Broker contact:			
Phone:		Mobile:	
Does any other party have any financial interest in the vehicle or trailer?	Yes	No	
If Yes, name of the Interested Party:			

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

Motorised unit (Make/Model/Year):			
Body type:		Rego:	
Gross vehicle mass:		Engine No./VIN:	
Speed limiter fitted:	Yes	No	
If Yes, what is the maximum speed?			km/h
Name of the registered owner of the vehicle(s):			
Expiry date of registration of vehicle(s):			
Trailer(s) (Make/Model/Year):			
Rego. no(s):			



Road condition at the time of the accident:		Dry
		Wet
		Sealed
		Unsealed
		Other

If other, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the accident occurred after dusk:		
A) were the lamps alight on your vehicle?	Yes	No
B) were the lamps alight on the other vehicle?	Yes	No
Was a trailer attached to your vehicle at time of accident?	Yes	No
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	No

If Yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give details of conversation between your driver and the driver of the other vehicle immediately after the accident:

\_\_\_\_\_

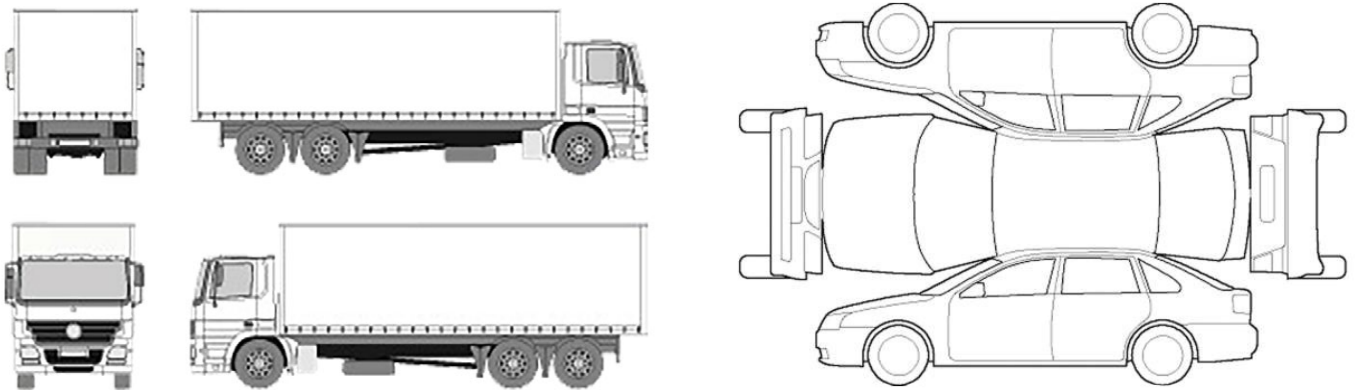
\_\_\_\_\_

\_\_\_\_\_

**4. DAMAGE TO THE INSURED VEHICLE(S)**

Is there damage to the insured vehicle?	Yes	No
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If Yes, please indicate location of damage on sketch below:



*To draw on the pdf using Acrobat, select the "Draw Free Form" tool located under the "Comments" options.  
 To draw on the pdf using Preview, select the "Sketch" tool located under the "Show Markup Toolbar" options.  
 Alternatively print out this page, scan your completed sketches / shading and attach with the completed form.*

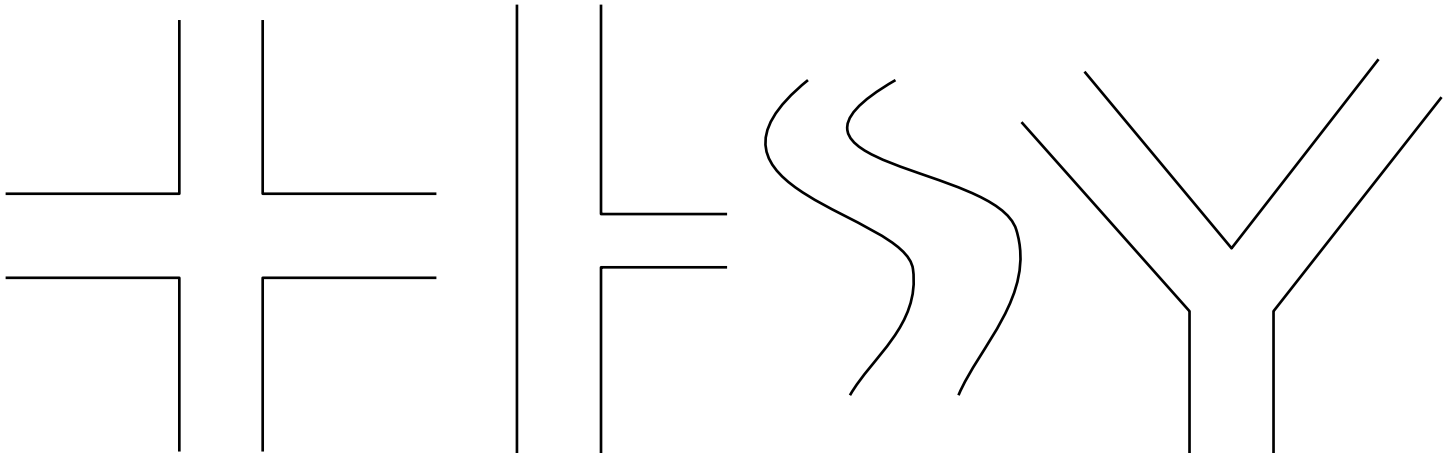
Where is the vehicle(s) now?			
Can the vehicle(s) be safely driven?	Yes	No	
Name of preferred repairer:			
Address:			
Town:		Postcode:	
Contact name:			
Phone:		Mobile:	

### 5. SKETCH PLAN OF ACCIDENT

Please select a plan that is most applicable to your accident. If necessary, alter the design to suit the particular scene.

On your plan, please indicate:

- a) centre of roadway
- b) Location and travel direction of your vehicle (I)
- c) Location and travel direction of other party's vehicle(s) (O)
- d) Point of impact (X)
- e) Location and type of traffic control signs
- f) North



**6. DETAILS OF THE DRIVER (i.e. the person in charge of the vehicle at the time of accident)**

Given names:		Surname:	
Address:			
Town:		Postcode:	
Phone:		Mobile:	
Occupation:			
Date of birth:		Type of licence held by driver:	
Licence no:		State:	
Card no:		Expiry date:	
No. of years' experience driving this class of vehicle:			years
Was the driver an employee of the owner?	Yes	No	
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:			
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	No	
If no, please provide full details:			
Has the driver been involved in a previous motor vehicle accident(s)?	Yes	No	
If yes, please provide full details:			
Has/had the driver:			
A) ever had a policy of Insurance cancelled or declined, or increased excess imposed, or endorsed with special conditions imposed?	Yes	No	
B) ever had a driver's licence suspended or cancelled?	Yes	No	
C) ever been issued with any traffic infringement notices or been convicted of any traffic offences?	Yes	No	
D) drunk any alcohol or taken any drugs in the 24 hours prior to the accident?	Yes	No	

If yes to any of the above, please provide full details:

**7. DETAILS OF FIRST THIRD PARTY VEHICLE INVOLVED IN ACCIDENT**

Owner's name:			
Address:			
Town:		Postcode:	
Phone:		Mobile:	
Driver's name:			
Address:			
Town:		Postcode:	
Phone:		Mobile:	
Licence no:			
Name of 1st third party's Insurer:			
Policy no:			
Type of vehicle (e.g. private car / taxi / truck):			
Vehicle details (make, model and year):			
Registration no:			
Colour:			
Number persons in first third party vehicle:			
Name 1:			
Name 2:			
Name 3:			
Name 4:			
Name 5:			
Describe the damage to other party's vehicle or property:			
Estimated damage sustained to the other vehicle:	\$		
Have you received any letters or notifications from the other party above?	Yes	No	
If so, for what amount?	\$		

### 8. DETAILS OF 2ND THIRD PARTY VEHICLE INVOLVED IN ACCIDENT

Owner's name:			
Address:			
Town:		Postcode:	
Phone:		Mobile:	
Driver's name:			
Address:			
Town:		Postcode:	
Phone:		Mobile:	
Licence no:			
Name of 2nd third party's Insurer:			
Policy no:			
Type of vehicle (e.g. private car / taxi / truck):			
Vehicle details (make, model and year):			
Registration no:			
Colour:			
Number persons in first third party vehicle:			
Name 1:			
Name 2:			
Name 3:			
Name 4:			
Name 5:			
Describe the damage to other party's vehicle or property:			
Estimated damage sustained to the other vehicle:	\$		
Have you received any letters or notifications from the other party above?	Yes	No	
If so, for what amount?	\$		

### 9. WITNESSES

Name:			
Address:			
Town:		Mobile:	

Name:			
Address:			
Town:		Mobile:	

*If more than two third parties involved, please attach additional details as per above.*

## 10. POLICE

Did a Police Officer attend the accident scene?	Yes	No
Did a Police Officer take particulars of the accident?	Yes	No
Officer's name:		
Police Station:		
Police Event / File number:		
Is Police action pending against either party?	Yes	No
If Yes, against whom:		
If Yes, what is the charge(s)?		
Was a breathalyser or blood test administered (or refused)?	Yes	No
If Yes, what was the reading (amount)?		
If Refused, why?		

## 11. 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, Fleetsure Pty Ltd may not be able to process my claim.

Driver's signature:	
Name:	
Date:	

Insured's signature:	
Name:	
Date:	

### Fleetsure use only

Policy/Quote number:	
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Fleetsure Pty Ltd

ABN 78 078 661 220 AFSL 238151 (as agent of the insurer)

Level 11, 49 York Street SYDNEY NSW 2000 **02 9299 5777** [fleetsure.com.au](http://fleetsure.com.au)