

Taxi Operators and Passenger Transport Claim Form

To ensure that we are able to provide the highest level of claim service to you, please complete all of the details required in this Claim Form and return to our office as quickly as possible

Insured Name

Policy Number

Insured Address

Insured ABN

ITC% Claimed

Insured Best Contact Number

E-mail

Details of Vehicle

Vehicle Registration Number

Vehicle Identification Number (VIN)

Vehicle Year

Vehicle Make

Vehicle Model

Is this vehicle subject to a contract of finance?

NO YES

If YES please list financier details here

Is there any unrepaired damage to this vehicle?

NO YES

If YES please state nature of damage

Details of Our Driver

Relationship to Insured

Employee
Principal/Business
Proprietor
Contractor
Vehicle Owner
Bailee Driver
Other

Driver Date of Birth

Driver Phone Number

First Name

Last Name

Driver Residential Address

Driver Authority Number

Driver Authority Expiry Date

Does our driver hold a valid drivers
licence?

NO YES

Class of licence held

Driver Licence Number

Driver Licence expiry date

Has our driver in the past 5 years had a conviction for DUI or failure to provide a breath
sample?

NO YES

If YES please provide details

Has our driver in the past 5 years had a licence suspension or cancellation?

NO YES

If YES please provide details

Incident Details

Date of Incident/Loss

Time of Loss

Accident Location / Street Address

Suburb

Town

Accident Description (Please select one)

- Third party hit insured vehicle in rear
- Third party failed to give way
- Third party side swiped insured vehicle
- Third party changed lanes and hit insured
- Third party reversed into insured
- Insured hit third party in rear
- Insured failed to give way
- Insured side swiped third party vehicle
- Insured changed lanes and hit third party
- Insured hit stationary object
- Insured reversed into third party
- Insured hit pedestrian
- Fire/water damage to vehicle
- Hail damage
- Impact by unknown object
- Insured vehicle stolen
- Malicious damage
- Insured hit animal

Please provide a full description of how the incident occurred (to be completed by the driver)

Show your vehicle/s as CAR A and other vehicle/s as CAR B etc

Please draw a diagram showing details of street directions and any intersections and lane markings

Weather conditions at time of accident

Dry Wet Hail Snow Affect Sun
N/A

Whom do you consider responsible for the accident?

Third Party Insured Driver Both Unknown

Speed of your vehicle

- 1 to 10 km
- 11 to 30 km
- 31 to 60 km
- 61 to 80 km
- 81 km plus
- Vehicle Parked
- Vehicle Stationary

Speed of third party vehicle

- 1 to 10 km
- 11 to 30 km
- 31 to 60 km
- 61 to 80 km
- 81 km plus
- Vehicle Parked
- Vehicle Stationary
- Unknown

Has our driver been charged with any offence as a result of this accident?

- YES
- NO
- PENDING

If YES OR PENDING please state charge / offence

Did Police attend the scene of the accident?

- NO
- YES

If YES who did police consider at fault and why?

Police report station reported to

Police Report Number

Did the driver undergo a Drug or Alcohol test?

If YES please state the result

- REFUSED
- NO
- YES

Were there any witnesses?

If YES please provide witness name and phone number

- NO
- YES

Was the witness a:

- Passenger in your vehicle
- Other vehicle motorist / passenger
- Pedestrian

Is there another parties vehicle involved in this incident?

- NO
- YES

Details of third party driver

Third Party Driver first name

Third Party Driver Surname

Third Party Driver Residential Address

Third Party Driver phone number

Third party drivers licence number

Details of third party vehicle

Year

Make & Model

Registration Number

Insurance Company and Claim/Policy Number

Have you or your driver received any demands from the third party or their insurer?

NO

YES

If YES please forward ALL correspondence received with this claim form.

Is there damage to the third party vehicle?

NO

YES

If YES please select all applicable

Front end

Front end passenger side

Front end drivers side

Side drivers side

Side passenger side

Rear end

Rear end drivers side

Rear end passengers side

All panels

Windscreen

Engine

Interior

Details of third party registered owner

Third Party Owner first name

Third Party Owner surname

Third Party Owner Residential Address

Third Party Owner phone number

Is there another parties property damaged in the incident?

NO

YES

If YES please list details of property damage

Is there damage to your vehicle?

NO YES

If YES please select all applicable

Front end	Front end passenger side
Front end drivers side	Side drivers side
Side passenger side	Rear end
Rear end drivers side	Rear end passenger side
All panels	Windscreen
Engine	Interior

Is your vehicle driveable?

NO YES

Was your vehicle towed?/Does it require towing?

NO YES

If your vehicle was towed please enter name of towing company and telephone number

Where is the vehicle currently located?

Have you obtained a repair quotation for your vehicle?

NO YES

If YES please enter name of repairer and telephone number

Other parties

Give details of pedestrians, owners of property or owners of animals involved

Personal Injuries

Give details of anyone injured in the accident (Name, Type of Injury, Injured party (Passenger/Driver) and vehicle registration number

Privacy

We are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim only for the purpose of assessing and managing the claim. We may need to provide that information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with the claim. We will not trade, rent or sell your information.

If you don't provide us with complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, ask us for a copy.

Declaration

I declare that the answers to the questions in this Claim Form are to the best of my knowledge, true and correct and I have not withheld any information that is likely to affect consideration of this claim. Where such answers are not in my own hand writing, I have checked these answers and Certify that they are correct.

Driver Signature (must be signed)

Date

Insured Signature (must be signed)

Date