

Commercial Motor Claim Form

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

Policy holder's details

Insured Name:	<input type="text"/>	Policy No.:	<input type="text"/>
Postal Address:	<input type="text"/>		
	<input type="text"/>	State:	<input type="text"/>
		Post Code:	<input type="text"/>
Phone:	<input type="text"/>	Mobile:	<input type="text"/>
		Fax:	<input type="text"/>
Email:	<input type="text"/>		

Insured vehicle details

VEHICLE 1 Truck or Prime Mover	Year:	<input type="text"/>	Make/Model:	<input type="text"/>	Body Type:	<input type="text"/>
	Rego:	<input type="text"/>	Vin/Engine no:	<input type="text"/>		
	Type and Weight of Freight being Carried:	<input type="text"/>				
	Summary of Damage:	<input type="text"/>				

VEHICLE 2 Trailer	Year:	<input type="text"/>	Make/Model:	<input type="text"/>	Body Type:	<input type="text"/>
	Rego:	<input type="text"/>	Vin/Engine no:	<input type="text"/>		
	Type and Weight of Freight being Carried:	<input type="text"/>				
	Summary of Damage:	<input type="text"/>				

VEHICLE 3 Trailer	Year:	<input type="text"/>	Make/Model:	<input type="text"/>	Body Type:	<input type="text"/>
	Rego:	<input type="text"/>	Vin/Engine no:	<input type="text"/>		
	Type and Weight of Freight being Carried:	<input type="text"/>				
	Summary of Damage:	<input type="text"/>				

VEHICLE 4 Trailer	Year:	<input type="text"/>	Make/Model:	<input type="text"/>	Body Type:	<input type="text"/>
	Rego:	<input type="text"/>	Vin/Engine no:	<input type="text"/>		
	Type and Weight of Freight being Carried:	<input type="text"/>				
	Summary of Damage:	<input type="text"/>				

Driver's details

Surname: Christian name:

Address:

State: Post Code:

Phone: Mobile: Fax:

Age: Licence No:

Licence classes: Years of Experience with this licence class:

Licence expiry date: Conditions on licence:

Did the Driver undergo a Drug or Alcohol test? Yes No

If 'Yes', what was the result? Positive Negative Reading:

Did the Driver refuse to undertake any Drug or Alcohol test? Yes No

Has the Driver been charged with any offence as a result of this Accident? Yes No

Was the Driver within the required Log Book hours? Yes No

Does the Driver have any physical or mental infirmities or health issues requiring medication or monitoring? Yes No

If 'Yes', please specify:

Was the Driver injured in this Accident? Yes No

If 'Yes', please specify:

What is the Relationship between Driver and Owner (eg Self, Employee, Sub Contractor, Hirer, etc.):

Accident details

Date of Accident: Time: am pm

What Town or Suburb:

Street/Hwy: State:

Trip Details: Where did trip commence?

Date commenced: Time: am pm

Where were you travelling to? ETA:

Weather conditions at time of Accident:

Speed of your Vehicle at time of Accident: Posted speed limit:

Is there dashcam footage? Yes No

If 'Yes', please submit to us

Full Description of Accident (To be completed by the DRIVER):

Who do you believe caused the accident and why?

Details of Witnesses

Were there any witnesses? Yes No

If YES please provide witness name and phone number:

Was the witness a: Passenger in your vehicle Pedestrian Other vehicle motorist / passenger

Is there another parties vehicle involved in this incident? Yes No

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? Yes No

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

Is there damage to the third party vehicle? Yes No

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? Yes No

If YES please provide further details

THIRD PARTY 2	Name:	<input type="text"/>	Phone:	<input type="text"/>
	Vehicle:	<input type="text"/>	Registration no:	<input type="text"/>
THIRD PARTY 3	Name:	<input type="text"/>	Phone:	<input type="text"/>
	Vehicle:	<input type="text"/>	Registration no:	<input type="text"/>
THIRD PARTY 4	Name:	<input type="text"/>	Phone:	<input type="text"/>
	Vehicle:	<input type="text"/>	Registration no:	<input type="text"/>
THIRD PARTY 5	Name:	<input type="text"/>	Phone:	<input type="text"/>
	Vehicle:	<input type="text"/>	Registration no:	<input type="text"/>

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.

Drivers Signature Date:

Insured Signature Date: