

## 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

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**Insured Name**

**Policy Number**

**Insured Address**

**Insured ABN**

**ITC% Claimed**

**Insured Best Contact Number**

**E-mail**

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### 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**

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## 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

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## 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?**

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

NO YES

**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**

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**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**

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**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**

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## 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**