

FREEMAN McMURRICK PTY.LTD.

A.C.N. 006 767 540 ABN 50 006 767 540 AFS LICENSE 236 653

PRESTIGE MOTOR VEHICLE CLAIM FORM

Ph (02) 9464 7470

F (02) 9464 7404

How to obtain a quick response to your claim

1. Make sure that you fully answer all questions
2. Attach a copy of the Driver's Licence for the driver of the vehicle at the time of the accident
3. Make sure you have read, signed and dated the declaration
4. Obtain two quotes for repair if your damage is under \$1000.00. If damage is greater than \$1000.00, only one quotation is required
5. **Please facsimile claim form to Tony Petrovski at Gallagher Bassett Services on the above number**

Insured Details

Policy Number Due Date

Name of Insured

Address

City/Suburb Telephone No. (.....)

Are you GST Registered? YES/NO What is your, ABN.....

What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred?%

Vehicle Details

Make Model Body Type

Reg. No Eng No Year

Name of registered owner if different to the insured

Was any part of the vehicle in a damaged condition before the accident? Yes No

If yes, please describe damage

Is there a finance or lease agreement on the vehicle? Yes No

If yes, name of lending company

Address

City/Suburb Telephone No.

Was there any other insurance in force on the vehicle at the time of the accident? Yes No

If yes, name of insurance company

Driver Details

Name Date of Birth

Address

City/Suburb Telephone No.

Licence No..... Expiry Date Type

Licence Special Endorsement/Restrictions

What is the relationship between the drivers and the insured?

Are you the permanent or regular driver of the vehicle? Yes No

Was the driver driving with the knowledge and consent of the insured? Yes No

Has the driver a vehicle of his/her own? Yes No

Was it in use at time of accident? Yes No

If yes, give details, Name of insurer

Was the vehicle let on hire? Yes No

Employed for carriage of fare paying passengers? Yes No

Has any Insurer ever **declined, cancelled or refused to renew the driver's motor insurance or imposed**

special conditions

Yes No If yes, please give details

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Did the driver consume any alcohol or drugs during the 12-hour period before the accident?

Yes No If yes, how much

Please list details of previous convictions, charges pending or infringements for any driving or criminal offence?

.....
.....

Damage

Describe the damage to your vehicle directly resulting from the accident

Where is vehicle now

City/Suburb Telephone No.

Was vehicle towed? Yes No

If yes, by whom?

Please attach a written quotation for the damage to your vehicle

Accident Details

Date Time am/pm

Location/Street

City/Suburb State

Road Surface Sealed Unsealed How was visibility? Good Moderate Poor

Weather Fine Raining Foggy Other

What was your speed, 20 metres before the accident At the time of impact

Other vehicles speed, 20 metres before the accident At the time of impact

Did either party admit liability?.....If yes, which party?.....

Who do you think was responsible?

Explain exactly how the accident happened (Use a separate sheet if necessary or back of this form).

.....
.....
.....
.....

PLEASE SKETCH A PLAN OF THE ACCIDENT

	<p>Direction</p> <ol style="list-style-type: none">1. Name the streets2. Give width of streets3. Indicate line or lane markings _____4. Show give way and stop signs5. Show traffic control lights6. Indicate distances _____ 10m7. Indicate speed of vehicles8. Show accurately position of vehicles and witnesses9. Show your vehicle ■ — other vehicle <input type="checkbox"/> 1 —10. Show point of impact with an X
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Third Party Details

Please attach any demands received from the third party

If more than one vehicle involved, please attach a separate sheet or use the back of this form

Other vehicle involved

Make/ Model Reg. No. Body Type

Describe damage to other vehicle.

Drivers Name Owners Name

Address Address

City/Suburb City/Suburb

Telephone No. Telephone No.

Licence No Insurer..... Policy No

Was any property damaged in the accident, other than a motor vehicle? Yes No

If yes, what else was damaged ?

Owner

Address

City/Suburb Telephone No.

Police

Did police attend accident or was accident reported to police station Yes No

If yes, Officer's Name Station Incident Report No.

Was the driver of the insured vehicle tested for alcohol or drugs? Yes No

If yes, what was the result?

Was any person charged, cautioned or infringed because of this accident? Yes No

If yes, Name Offence (s).

Witness

Were there any witnesses to the accident? Yes No

If yes, please provide further details

Name Name

Address Address

City/Suburb City/Suburb

Telephone No. Telephone No.

Declaration

I/We declare that the information supplied on this claim form is true in every respect.

I/We undertake to render every assistance in my/our power in dealing with this matter.

I/We give authority to the Insurer of our vehicle, to give or to obtain from any other insurance company, insurance reference bureau or similar organisation any information in relation to insurance matters or claims history

Signature Date Date

Driver

Insured

If you are not satisfied with the outcome of your claim, you may contact THE **INSURANCE OMBUDSMAN SERVICE** for advice and assistance in resolving your claim.

The **TOLL FREE** telephone number for **THE INSURANCE OMBUDSMAN SERVICE** is

1 300 363 683

Level 3, 387 St. Kilda Rd, Melbourne 3004

Phone (03) 9867 5677

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