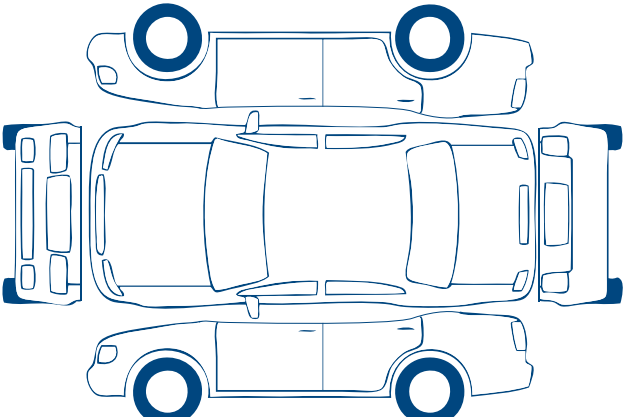


Motor Claim Form

Please ensure you complete this form with as much detail as possible:

1. Insured Or Company Details									
Insured name or company									
Policy number (if known)				Point of contact					
Phone number				Email					
Are you registered for GST purposes?		Yes		No					
Do you have an ABN?		Yes		No	ABN				
2. Vehicle Details									
Year		Make		Model					
Use of vehicle at the time of incident		Personal		Commuting to work		Business			
Other (please specify)									
3. Driver Details									
Name									
Address									
Suburb				State					
Phone number				Date of birth					
Driver's license number		Class of license		Country of issue					
Expiry date of license		Driving experience (years)							
Did the driver consume any alcohol/drugs within 12 hours prior to the collision?							Yes		No
If yes, please advise the type and quantity									
Has the driver's license been suspended or cancelled in the last 5 years?							Yes		No
If yes, please explain when and why									
Did the driver undergo a breath or blood test following the accident?							Yes		No
If yes, please state the result									
Please indicate on the diagram below, the area of damage to your vehicle									
					<p>No repairs or alterations to the damaged vehicle should be made until Insurers have approved repairs.</p> <p>Failure to do so could result in your Insurer being prejudiced and any costs which are not assessed as fair and reasonable will not be covered by Insurers meaning an out of pocket cost to yourself.</p>				

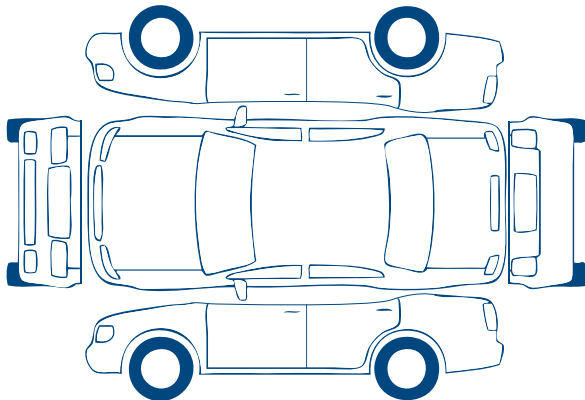
4. Details Of The Accident

Who do you consider at fault?	<input type="checkbox"/>	Own	<input type="checkbox"/>	Third party			
Date				Time			
Location the accident occurred							
What speed were the vehicles travelling at the time of the loss/damage occurring? (If applicable)				Yours	<input type="checkbox"/>	Theirs	<input type="checkbox"/>
Your vehicle registration				Other vehicle registration			
What were the conditions at the time of the accident? (weather, lighting and condition of road)							
Please provide a detailed description of how the accident occurred							
Was your vehicle towed from the accident scene?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, name of towing company							
Phone number							
If no, please advise the location of the vehicle							
Suburb					State		
Is your vehicle currently at a repair shop?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, name of repairer							
Phone number					Email		
Address							
Suburb					State		

5. Third Party Details

Driver's name				Driver's address			
Suburb						State	
Driver's license number				Date of birth			
If you are not the registered owner of the vehicle, please complete the following							
Registered owner's name				Owner's address			
Suburb						State	
Owner's phone number				Email			
Year		Make		Model			

Please indicate on the diagram below, the area of damage to the third party vehicle



If you are at fault for this accident: please ensure you advise the third party to contact your Insurer to discuss this matter further.

Do not accept liability nor should you advise the third party to proceed with the repairs without your insurer's authority.

If you feel a diagram will assist in explaining the accident, please provide this as an additional attachment to this form.

6. Theft Of Vehicle

(Yes is required for all malicious damage or theft/burglary claims)

Has your vehicle been stolen Yes No (please move to section 7)

Location or address where the theft occurred?

7. Witness Details

(Witnesses cannot be friends, family or someone who you know)

Name			
Address			
Suburb		State	
Phone number		Email	

8. Police Involvement

Did the police attend the scene of accident? Yes No

If no, was the incident reported to the police? Yes No

Please provide details

Officer		Police station	
Police report number		Phone number	

9. Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information. I/we agree that, by submitting this form, the personal information I/we provide to PSC Connect Pty. Ltd. in this form or otherwise may be collected, held, used and disclosed in the manner set out in the PSC Privacy Policy found at www.pscconnect.com.au/privacy, including for processing this claim.

Name			
Signature		Date	