



**bfrank
insurance**
More than just insurance.

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56 Sydenham Road,
Norwood, SA 5067
CAS. 54689

MOTOR VEHICLE

Claim Number

1. Details of Policyholder

Full Name

Address

Occupation or Trade

Telephone (A/H)

Telephone (B/H)

Email Address

Insurer

Policy Number

Expiry Date

Account Manager

Client Code

For what purpose was the vehicle being used?



Business



Private

2. Insured Vehicle

Make & Model

Body Type

Year of manufacture

Registration No.

Engine No.

V.I.N No.

Expiry Date of Registration

Name of Finance Co. (if applicable)

Address of Finance Co. (if applicable)

Have there been any engine, body or transmission modifications from the manufacturer's original specifications or any accessories added?

☐ Yes

☐ No

If yes, please give details:

3. Driver (Please complete these details in respect of the person in charge of the vehicle at the time of the accident)

Full Name

Occupation

Address

Sex

Date of Birth

☐ Male

☐ Female

Drivers License No.

Class of license

State of issue

How long has the driver held a motor vehicle drivers license?

Expiry Date of License

years

months

Was the street wet?

Yes

No

Did the other party admit liability?

Yes

No

If Yes, please give details:

Please draw sketch showing position of all vehicles and pedestrians at the time of the accident. Show also position of all traffic lights, signs and pedestrian crossings.

SYMBOLS



Street Intersection



Curved Street



Your Vehicle



Other Vehicle



Pedestrians



Stop Sign



Give Way Sign



Traffic Lights

SHOW NORTH BY ARROW

Did the driver suffer any injury?

Yes

No

If Yes, was medical attention re-quired?

Yes

No

If Yes, state name and address of doctor or hospital:

Please indicate Insured Vehicle's speed immediately prior to accident

Stationery

Under 30 km/h

30-60 km/h

60-80 km/h

80-100 km/h

Over 100 km/h

Please indicate Other Vehicle's speed immediately prior to accident

Stationery

Under 30 km/h

30-60 km/h

60-80 km/h

80-100 km/h

Over 100 km/h

Was the vehicle towed from scene of accident?

Yes

No

If Yes, please give the name of towing contractor:

Did you authorise this towing?

Yes

No

Where can the vehicle be inspected?
(If at a repairer's premises - name & address of repairer)

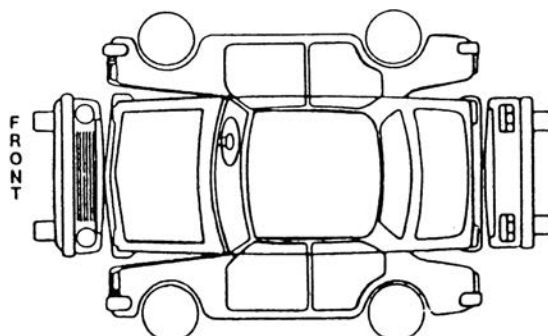
Phone

Estimated Cost of Repairs
(including parts)

\$

Repair Quotation No

Please indicate areas of damage to insured vehicle



6. Police

Date reported to Police

Time reported to Police

Did the Police attend the accident?

Yes

No

If Yes, please state:

From which Police Station?

Name of Officer

Report Number

Did the Police indicate which driver was at fault?

Yes

No

If Yes, please state:

Name of driver charged or cautioned

Nature of charge or caution

7. Other Parties (Please complete this section if any other vehicles or property involved)

Number of vehicles involved

Owners Name

Drivers Name

Address

Drivers Address

Suburb

Postcode

Suburb

Postcode

Licence Number

Age

yrs

Drivers Phone & Email Address

Make and Model of Vehicle

Please give particulars of damage to other party's vehicles and/or property

Registration Number

NB: (If more than one third party involved, please provide similar particulars on a separate sheet)

8. Witnesses

Passengers in Insured Vehicle

Name 1

Name 2

Address

Address

Phone

Phone

Independant Witnesses

9. ABN Details

Are you a registered business?

[Yes](#)

[No](#)

What is your ABN number?

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?

10. Declaration

The information and answers given above are a true and complete statement of the facts and matters relating to the happening for which this claim is made, and no information likely to affect this claim has been withheld. I authorise my "Insurer to undertake on my behalf whatever actions are necessary to indemnify me within the terms of my policy including if necessary, removal of my vehicle to alternative premises to enable repairs to be carried out by a qualified Motor Body Repairer. I understand that this claim may be refused if information is untrue, inaccurate or concealed.

I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify BFrank Insurance in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth).

I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Driver's Signature

Policyholder's Signature

This electronic signature will be treated the same as if signed personally (tick to sign)

11. Bank Details