

P 08 7078 3566 F 02 9954 1809 cince frank @bfrankinsure.com.au www.bfrank.insure

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 Account Manager	Policy Number Expiry Date 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			
	s of license State of issue			
How long has the driver held a motor vehicle drivers license? years months	Expiry Date of License			
years months				

Was the vehicle being used with the full knowledge and consent of the policyholder?

Yes

No

What is the relationship of the Driver to the Policyholder?

Self Relative

Employee

Friend

Other

If Other, please describe:

Have you (the Policyholder) or the driver of the vehicle at the time of the accident:

i. been involved in any previous motor vehicle accident in the last 5 years? Yes N	No
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ii. been charged with any offence in relation to the use of a motor vehicle in the last 5 years? Yes No

iii. had any insurance declined or cancelled, been refused renewal of an insurance or had special terms imposed in the last 5 years?

iv. had a drivers license cancelled, suspended, disqualified or committed any driving related

Yes
No
alcohol or drug offenses in the past 5 years?

7. committed any criminal offenses? Yes No

If "Yes" to any of the above, please give details below:

Name Date Particulars (eg. name of insurance company, details of charges etc)

Was the driver under the influence of any drug or alcohol at the time of the accident? Yes No

Please state what drugs or how much alcohol was consumed by the driver in the 12 hours prior to the accident

Did the driver undergo a breath test? Yes No If Yes, what was the reading?

4. Accident Date

Date of accident Time of accident

5. Description of Accident

Name of street where accident occurred Suburb, Town, City

If at an intersection, names of intersecting streets

State clearly and fully how the accident occurred (if insufficient space, attach a separate statement)

Was the street wet?

Yes No

Did the other party admit liability?

If Yes, please give details:

Yes

SHOW NORTH BY ARROW

No

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

J L Street ¬ Γ Intersection



O→ Pedestrians



Stop Sign Give Way Sign





Traffic Lights

Trailic Lights

Did the driver suffer any injury?

If Yes, was medical attention re-quired?

Yes

No

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)

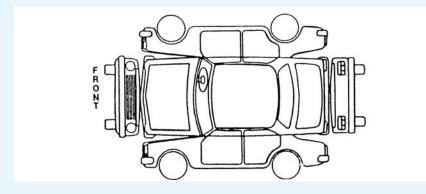
Phone

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? From which Police Station?	Yes N Name of Officer	No If Yes, please state: 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 co	mplete this section if a	any other vehicles or propety involved)		
Number of vehicles involved				
Owners Name		Drivers Name		
Address		Drivers Address		
Suburb	Postcode	Suburb Postcode		
Licence Number	Age	Drivers Phone & Email Address		
Make and Model of Vehicle	yrs	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				
Name 1	Name 2			
Address	Address			
Phone	Phone			
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			
Date	Date			
This electronic signature will be treated the same as if signed personally (tick to sign)				
11. Bank Details				
BSB Number Account Name	Account Number			