

Motor Fleet Claim Form.

The supply or acceptance of this form is not an admission of liability on the part of Allianz.

Claim Number

Name of insured: _____

Contact person _____

Position held _____

Phone No. _____ Fax No. _____ Mobile No. _____

Email _____

Postal address _____

Postcode _____

Division _____

Division address _____

Any Customer/Division codes/References _____

Broker/Agent name _____ Phone No. _____

Policy No. _____ Excess \$ _____

Inception date _____ Expiry Date _____

Interested parties: Is the vehicle being claimed for under a financial agreement? Yes No

Name of financier _____ Contract No. _____

Type of agreement _____ Commencement date _____

G.S.T.: Are you registered for GST purposes? Yes No A.B.N. _____

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy? _____ %

To what extent are you entitled to claim an Input Tax Credit on the GST for this vehicle? _____ %

Vehicle details: Year _____ Make _____ Model _____

Body type _____ Registration No. _____

Vin/Engine No. _____ Chassis No. _____

Has the vehicle been modified in any way? Yes No (if yes, please give details below)

Detail modifications _____ Value \$ _____

Details of additional accessories _____ Value \$ _____

Where insured is a dealership, is vehicle declared as stock? Yes Supply copy of stock card

No Who is the registered owner of vehicle? _____

Driver details: (include details of last driver if vehicle was stolen)

Driver's name _____ Date of birth _____ Phone No. _____

Driver's address _____

Postcode _____

Licence No. _____ Class _____ Expiry _____ Years held _____

Was the vehicle being used with the insured's consent? Yes No

If Yes, reason for use? (Business, Private etc.) _____

If No, please complete Theft Details

Driver's relationship to insured? _____

How often does this driver use the vehicle in a year? _____

Motor

Did the driver consume any alcohol or drugs during the 12 hours before the accident?

Yes No

Quantity

Was the driver tested by the police for alcohol or drugs?

Yes No

Result

Does the driver hold motor insurance on any other vehicle?

Yes No

If Yes to any of above, provide details

Accident details:

Date of occurrence

Time of loss

 am/pm

Location

Postcode

Accident: Describe events before, during and after the accident (include number of lanes, speed, parked, reversing etc.)

Please provide a sketch of the accident scene and show the vehicle(s) with the following identification.

Your Vehicle = IV

Third Party Vehicle(s) = TP1, TP2, TP3 (show registration numbers on the next line)

TP1 Registration No.

TP2 Registration No.

TP3 Registration No.

Checklist: Please show

Street Names

Distances

Lines/Lane markings

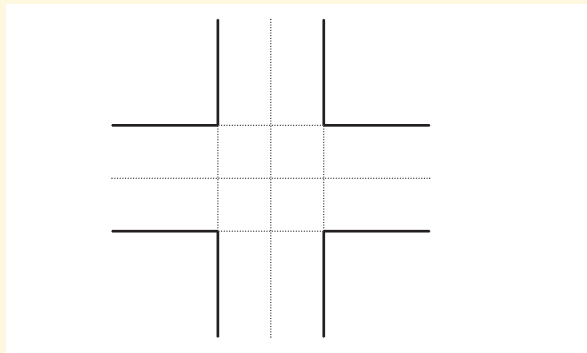
Traffic signal/Signs

Position/direction of your vehicle

Position of other vehicle/property

Impact point

Position of witness



(freehand)

Road conditions

Wet

Dry

Sealed

Unsealed

Day

Dusk

Night

Dawn

Describe what the vehicle was being used for at the time?

Who do you believe was at fault and why?

Was there any admission of responsibility for the accident?

Yes

No

If Yes, give details

Theft Details: State where vehicle was stolen from:

Describe events from time parked until discovered missing (include who made discovery and any action)

Was the vehicle locked?

Yes No

Were the keys duplicated?

Yes No

Where were the keys at the time?

Who has each set of keys?

Was the vehicle alarmed or fitted with an immobiliser?

Yes No

State which

If Yes, was alarm or immobiliser turned on?

Yes No

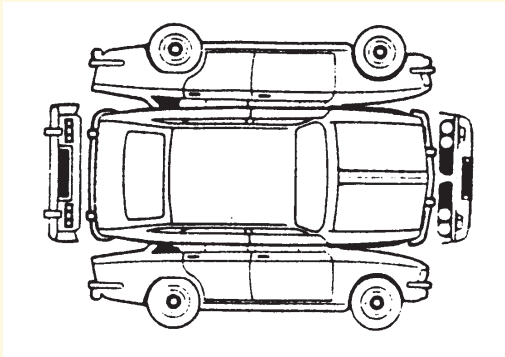
If not turned on, state reason

Has the vehicle been recovered? Yes No If Yes, by whom?

When and where recovered? (if recovered, please complete Damage section of claim form)

Please include details of last person in charge of vehicle or last driver, in Driver's section of claim form

Damage: Please show damage on vehicle using diagram to assist.



L Interior Engine Undercarriage All Over
Describe the damage,

R

Is the vehicle driveable? Yes No

If vehicle towed, state by whom

Where can your vehicle be inspected?

Please attach any quotes that have been obtained

Police: Please state below whether the police were notified.

No State reason

Yes Name of officer

Police station

Police Report No.

Date

Did the police attend the scene?

Yes No

Were any charges laid or indications made of further action?

Yes No

Give details (who and what)

Witnesses: Were there any witnesses to the event? Yes No (If yes, please complete the following)

Name

Telephone No.

Address

Postcode

Where was the witness?

Second witness:

Name

Telephone No.

Address

Postcode

Where was the witness?

Third Party Details: *(Please complete the following if any other vehicles were involved or other property damaged).*

Vehicle	Year	Make	Model
Body type	Registration No.	Colour	
Owner's name			
Address			
	Postcode		
Home Phone No.	Work Phone No.	Mobile No.	
Driver's Name			
Address			
	Postcode		
Home Phone No.	Work Phone No.	Mobile No.	
Describe the damage to other vehicle or property			
Name of other party's insurance company	Policy No.		

If you have received any demands or notices from anyone, please submit with claim form.

Privacy: The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters,

external claims data collectors, investigators and agents or other parties as required by law.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 360 529 EST 9am-5pm, Monday-Friday and advise us of the changes.

Declaration: I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed. I/We acknowledge that I/We have read and understood the Privacy Act 1988 information referred to above and

consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information then Allianz will be unable to process my/our claim.

Signature of Insured		Date	
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Position Held	
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Signature of Driver		Date	
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