

The issue of this form does not constitute an admission of liability on the part of the insurer.

Please complete all sections. IMPORTANT Attach one quotation from repairer.

Policy Number  Claim Number

**THE INSURED**

Business Name

Address

State  Postcode

Are you registered for GST?    yes  no     What is your ABN?

Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the policy?    yes  no     If yes, will you be claiming an amount less than 100%?    yes  no

Specify amount claimed  %

Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?    yes  no     If yes, will you be claiming an amount less than 100%?    yes  no

Specify amount claimed  %

Business Phone  Private Phone

Fax Number  Mobile Phone

**VEHICLE DETAILS**

Make  Year  Rego No.

Model  Colour  Odometer

Registered Owner

Address

State  Postcode

Name of Lender  Address

Account Number

**DRIVER DETAILS**

Business Name

Address

State  Postcode

Business Phone  Private Phone

Fax Number  Mobile Phone

Relationship to Insured

Licence Number  Expiry Date  Date of Birth

How many years has driver been licensed for this type of vehicle?

Did the driver drink any alcohol or take any drugs in the 24 hours prior to the accident? If yes, give details.    yes  no

Did the driver undergo a breath test, breath analysis or blood test?    yes  no     If yes, what was the reading? Please attach copy of the certificate

## INCIDENT DETAILS

Date  Day  Time  am  
pm

Where did the incident happen?

Street  Suburb  Nearest Cross Street

Road Surface Dry  Wet  Loose

At the time of the accident the insured vehicle was  
Parked  Stationary  Moving  Speed

Traffic controls None  Stop sign  Traffic lights  Roundabout  Give way sign  Other

Number of other vehicles involved

If applicable, what type of goods were being transported at time of loss?

What happened?

Who was at fault?

### Sketch Diagram of Accident

1. Name streets
2. Indicate direction of travel
3. Your vehicle
4. Other vehicle

## DAMAGE TO YOUR VEHICLE

Are you claiming for the damage to your vehicle? yes  no

Was the vehicle towed? If yes, give details. yes  no

Name of tow company

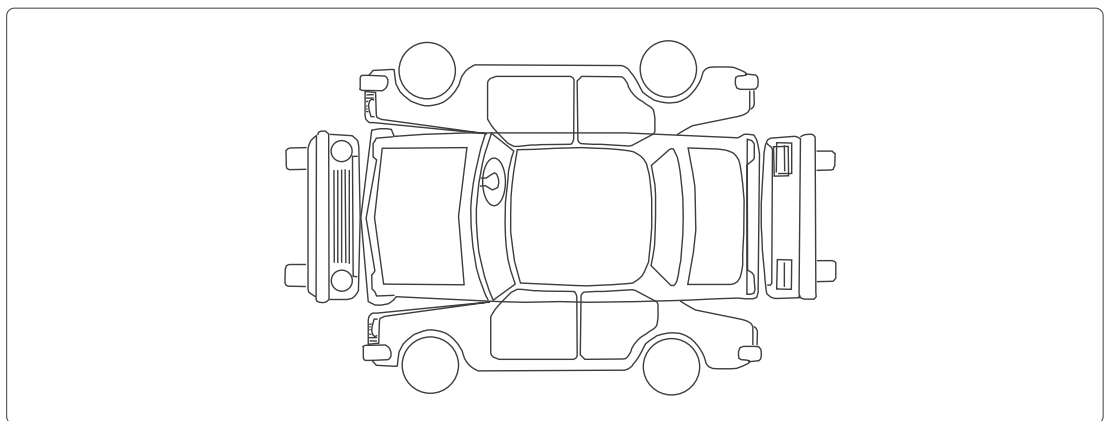
Where was it towed?  Distance towed (klms)

Where is vehicle now?

### Sketch Diagram

Shade in damage to vehicle

Indicate point of impact (X)



## OWNER OF OTHER VEHICLE

Business Name

Address

State  Postcode

Business Phone  Private Phone

Insurance Company  Policy Number

**DRIVER OF OTHER VEHICLE**

Name

Address

State  Postcode

Date of Birth  Drivers Licence

Business Phone  Private Phone

Was the owner in the vehicle at the time of the accident?    yes     no

If there is more than one other vehicle involved, please attach details.

**OTHER VEHICLE**

Rego No     Year of Manufacture     Make of Vehicle

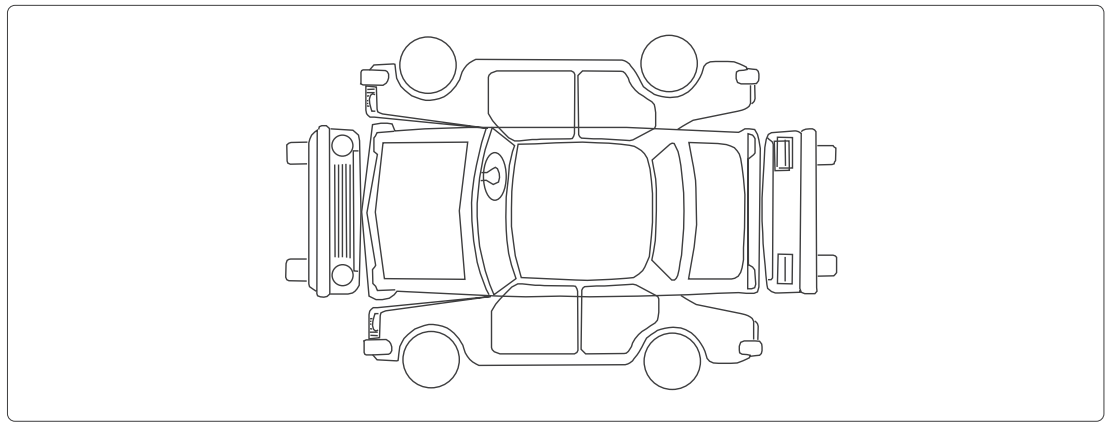
Model     Colour

**DAMAGE TO OTHER VEHICLE**

Sketch Diagram

Shade in damage to vehicle

Indicate point of impact (X)



**OTHER PARTIES**

Give details of pedestrians, owners of property or owners of animals involved

Name

Address

State     Postcode

**POLICE**

Did police attend the accident scene?    yes     no     or did you report the incident to the police? (give details)    yes     no

Name     Rank

Station

Date of Report     Please attach a copy of the police report.

Name of person to be charged or cautioned

Nature of charge or caution

**WITNESS(ES) DETAILS**

Business Name

Address

State     Postcode

Business Phone     Private Phone

Was the witness in the insured vehicle?    yes     no

## WITNESS(ES) DETAILS (Continued)

Business Name

Address

State  Postcode

Business Phone  Private Phone

Was the witness in the insured vehicle?      yes       no

## OWNERS(S) AND DRIVER HISTORY

In the last 5 years have you as owner or the driver of this vehicle:

1. Had an insurance refused, declined or cancelled by an insurer or any special conditions imposed?      yes       no
2. Been convicted or charged with:
  - a. Drug use, driving under the influence, or exceeding Prescribed Concentration of Alcohol?      yes       no
  - b. Any driving offences or speeding infringements?      yes       no
  - c. Fraud, arson, theft or any other criminal act?      yes       no
3. Had a drivers or motorcycle licence cancelled, suspended or endorsed?      yes       no
4. Had a claim or accident?      yes       no
5. Had a car stolen or burnt out? (Include any not reported or not claimed from an insurer)      yes       no
6. Suffered or suffer from impaired eyesight (excluding wearing of glasses), loss of or use of any limb or loss of hearing or from any physical defect or epileptic, diabetic, heart or mental condition?      yes       no

If you answered yes to any of the above, please provide details below.

Name of Driver	Date of Incident	Details	Your Insurer	Person at Fault
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If there is insufficient space, please attach a sheet with the relevant information.

## PRIVACY

The ACE IRM Privacy Policy explains what sort of personal information we collect and hold about you and what we do with that information. Please contact us for a copy of our Privacy Policy or visit our website [www.aceirm.com.au](http://www.aceirm.com.au)

## DECLARATION AND AUTHORISATION

The information and answers given above are true and complete in every detail.

I understand the claim may be refused or reduced if information is withheld.

I authorise that ACE IRM Insurance Broking Group Pty Ltd give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of Insured 1.       Date

Signature of Insured 2.       Date

**Please check that this form has been fully completed as any omissions may delay your claim.**