



AUSTRALIAN INSURANCE SOLUTIONS PTY LTD

ABN: 64 088 550 074 LIC.NO. 246939
 Registered Office Address: 9-11 Prospect Crescent, Burleigh Heads QLD 4220

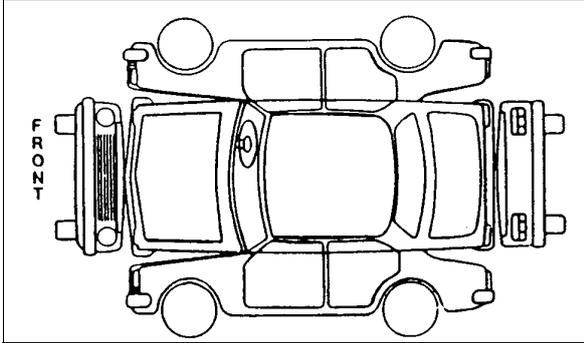
CROAKERS INSURANCE PTY LTD
 AUTHORISED BROKER REPRESENTATIVE
 Suite 6, 191 River Street, Ballina NSW 2478 (PO Box 325)
 Phone: 02 6686 8786 Fax: 02 6686 9525 Email: aisadmin@aisgroup.com.au

Incident Report Form - Motor Vehicle

1. Policy Details

Insured Name	Policy Number
ABN Details	

2. Accident Details

Date of Accident	Name of Street & Suburb where accident occurred
Time of Accident	If at an intersection, names of intersecting streets
Was the street wet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
State clearly and fully how the accident occurred	Please indicate areas of damage to your vehicle: 

3. Vehicle Details

Vehicle Year & Make	Did the police attend the scene? <input type="checkbox"/> Yes <input type="checkbox"/> No
.....	Police Report No.....
Vehicle Registration	Was your vehicle towed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Vin Number.....	Where is the vehicle now?
Is your vehicle drivable? <input type="checkbox"/> Yes <input type="checkbox"/> No

4. Driver Details

<p>Name of Driver</p> <p>Date of Birth</p> <p>Licence Number</p> <p>Licence Expiry</p> <p>How long has the driver held a motor vehicle drivers licence?years</p> <p>What is the relationship between the Driver & the policy holder?</p> <p><input type="checkbox"/> Self <input type="checkbox"/> Relative <input type="checkbox"/> Employee <input type="checkbox"/> Friend <input type="checkbox"/> Other</p> <p>If Other, please describe:.....</p> <p>Was the driver under the influence of any drug or alcohol at the time of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please state what drugs or how much alcohol was consumed by the driver in the 12 hours prior to the accident:</p>	<p>Have you, the driver of the vehicle at the time of the accident:</p> <p>(i) been involved in any previous motor vehicle accident in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(ii) been charged with any offence in relation to the use of a motor vehicle in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(iii) had any insurance declined or cancelled, been refused renewal of an insurance or had special terms imposed in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", to (i), (ii) or (iii), please give details below:</p>
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5. Other Parties (Please complete this section if any other vehicles or property involved)

<p>Did the other party admit liability?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details:</p>
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<p>Third Party name and address</p> <p>Phone Number</p>	<p>.....</p>
<p>Make and Model of Vehicle</p> <p>Vehicle Registration</p> <p>Please give particulars of damage to other party's vehicle and/or property</p>	<p>.....</p>

6. 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 understand that this claim may be refused if information is untrue, inaccurate or concealed.

Name

Signature Date:/...../...

Additional Information

The information provided below may answer some of the questions which could arise following your claim:

- Once your insurer has received your repair quote and images directly from the repairer, they may appoint an assessor to attend and assess the vehicle to ensure the repairs are fair and reasonable.
- If you are at fault, the excess must be paid to the repairer when you collect your car. If the accident was clearly someone else's fault, your insurer will take recovery action against the person responsible for the accident. If you provide your insurer with the third parties full name, address, phone number and vehicle registration details as requested above, your insurer will generally waive your excess.
- If the other party involved in the accident has stated that you are being held responsible for the damage to the other vehicle or property, you should indicate that you will be lodging a claim with your Insurer and that any demands for compensation will be handled by your Insurer. Do not admit liability or make any offers or promises of payment without our consent.
- If you receive a letter of demand and a quotation and/or account for the repairs to another person's vehicle or property, you must send this correspondence to us immediately. Any delays could result in additional costs.
- Even if you feel you were not responsible for the accident, do not ignore letters of demand from the other party. Any correspondence from the other party should be forwarded to us. If you fail to act on the other party's letter of demand, it may result in a summons being served on you. If this happens, you must contact us immediately.
- If you feel the repairs to your vehicle are unsatisfactory, you should notify us as soon as possible.
- If you have any problems during the period of your claim, please contact us right away.

Office use only

Claim Received (Date)

Claim Lodged (Date)

Claim Lodged by: (Broking Staff Name)

Claim Number

Excess