



## MOTOR VEHICLE CLAIM FORM

Please complete all sections of the Claim Form clearly and forward to Commercial and Trucksure Pty Ltd. No repairs or alterations to the damaged vehicle should be made until approved by Commercial and Trucksure. Please note that the information on this form should not be construed as an admission of liability and is done so without prejudice. **Please complete sections 1-12.**

### 1. INSURED

Name of the Insured	ABN
Trading Name	
Postal Address	
Phone Number. Private	Business
Policy Number	Occupation
Broker Name	

### 2. OTHER INTERESTED PARTIES

Does any other party have any financial interest in the vehicle or trailer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of the Interested Party		
Address		Postcode
Type of Interest	HP <input type="checkbox"/>	Lease <input type="checkbox"/>
	P/Loan <input type="checkbox"/>	Mortgage <input type="checkbox"/>
	Other <input type="checkbox"/>	

### 3. YOUR VEHICLE(S)

Make & Model			
Body Type	Transmission	Reg. No.	
Carrying Capacity	Engine No.		
Tachograph fitted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cruise Control fitted
			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
Speed limiter fitted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "YES", what is the maximum speed? km/hr
Make & Model Trailer(s)			
Reg. No.	owned/un-owned		
Has the vehicle or trailer been modified or converted from the manufacturer's specification or fitted with accessories other than those supplied at the maker's options? Yes <input type="checkbox"/> No <input type="checkbox"/>			



"YES", describe modifications
Was there any un-repaired damage to the vehicle or trailer before the damage sustained in this incident? Yes <input type="checkbox"/> No <input type="checkbox"/> Please describe

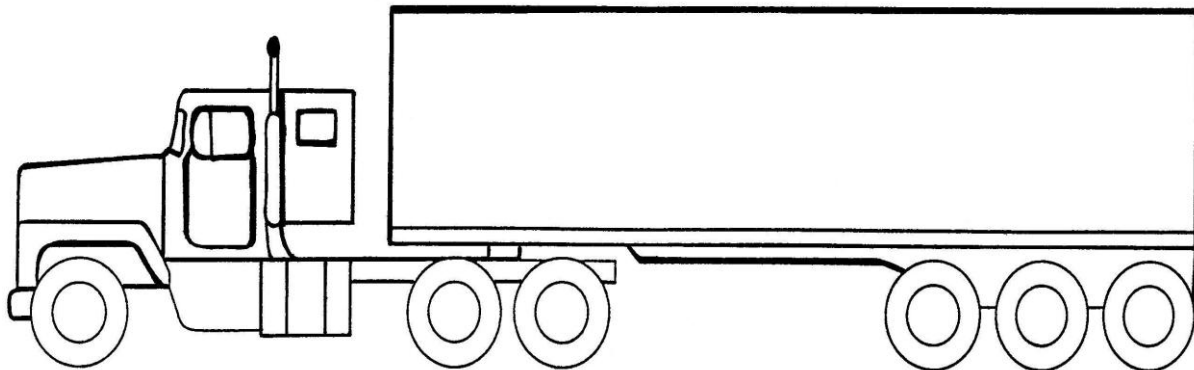
**4. THE JOURNEY**

State what vehicle(s) was carrying			
Weight of load	tonnes		
Point of departure	Destination for the trip		
Was the motor vehicle(s) being used with your knowledge and consent? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please state the correct name of the registered owner of the vehicle(s)			
Expiry date of current registration of vehicle(s)	Day	Month	Year

**5. DAMAGE TO INSURED VEHICLE(S) YES or NO**  
**(No repairs or alterations to the damaged vehicle should be made until approved by Commercial and Trucksure Pty Ltd)**

Where is the vehicle(s) now?
Can the vehicle(s) be safely driven? Yes <input type="checkbox"/> No <input type="checkbox"/>
Where can the vehicle(s) be inspected? (Please state full address)
Was vehicle(s) towed from scene of accident? Yes <input type="checkbox"/> No <input type="checkbox"/> Company Used

**If Yes, vehicle was damaged, shade in damage on sketch below.**





**6. DRIVER (person in charge of vehicle at time of accident)**

Surname		First Name	
Address		Postcode	
Telephone No. Private	Business No.	Occupation	
Date of Birth		Driver's age	
Is the driver the holder of a current driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> If "YES", state class			
Driving experience in this class of vehicle?		Years	(Please attach copy of license)
License Number	Card Number	Expiry Date	State
Was the driver an employee of the owner?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "NO", state the relationship to the owner			
If "YES", date the driver was first employed by the owner			
Details of LAST employer?			
Type of Driving Experience with Employer listed above?			
Type of Licence held with this employer listed above?			
If Employee driving, was he/she acting within the scope of his/her employment?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Give particulars of all previous motor vehicle accidents in which you were involved			

Have You:	(a) had a policy of Insurance cancelled or declined, or increased excess imposed, or endorsed with special conditions imposed? Yes <input type="checkbox"/> No <input type="checkbox"/>
	(b) had a driver's licence suspended or cancelled? Yes <input type="checkbox"/> No <input type="checkbox"/>
	(c) been issued with any traffic infringement notices or been convicted of any traffic offences? Yes <input type="checkbox"/> No <input type="checkbox"/>
	(d) did the driver drink any alcohol or take any drugs in the 24 hours prior to the accident? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If "YES" to any of the above, state particulars

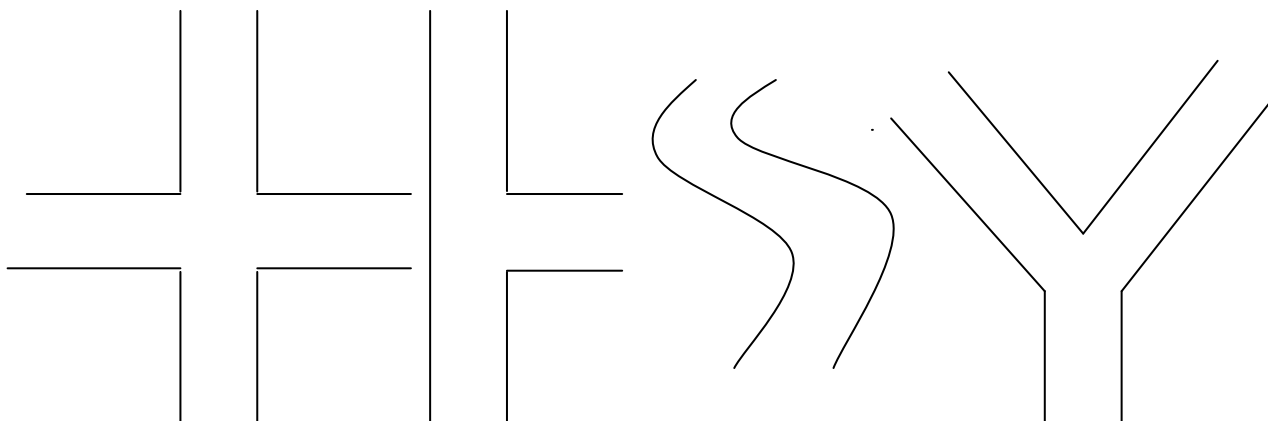




**8. SKETCH PLAN OF ACCIDENT**

Please complete below the plan design applicable to the accident. If necessary, alter the design to suit the particular scene. Indicate centre of roadway, direction and location of vehicles, and location and nature of traffic control signs. Please mark using the following symbols:

Your Vehicle **I**    Other party's vehicle **O**    Point of impact with **X**    Direction of each vehicle ← →



Indicate north with an arrow



**9. DETAILS OF OTHER VEHICLES INVOLVED IN ACCIDENT**

Owner's Name	
Address	
Driver's Name	
Address	
Phone No.	Licence No.
Name of other party's Insurer	Policy No.
Registration No.	Type (i.e. taxi/truck or private car)
Make of Vehicle	Colour
Number of persons in vehicle and their names	
Nature of damage to other party's vehicle or property	
Estimate \$	
Have you received any letters or notifications from the other party above? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, for what amount? \$	Please attach all correspondence received

**10. OTHER VEHICLE NO 2**

Owner's Name	
Address	
Driver's Name	
Address	
Phone No.	Licence No.
Name of other party's Insurer	Policy No.
Registration No.	Type (i.e. taxi/truck or private car)
Make of vehicle	Colour
Number of persons in vehicle and their names	
Nature of damage to other party's vehicle or property	
Estimate \$	
Have you received any letters or notifications from the other party above? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, for what amount? \$	Please attach all correspondence received



**11. WITNESSES**

Name
Address
Phone No.

**12. POLICE**

Did a Police Officer attend the accident scene?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did a Police Officer take particulars?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name the Police Officer	To which station is he/she attached?
Police Event / File number	
Is Police action pending against either party?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, against whom, and what is the charge?	
To which station is he/she attached?	
Was a breathalyser or blood test administered (or refused)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, what was the reading (amount)?	If refused, why?

**Please supply a copy of your Log Book for the last 72 Hours and a copy of your Drivers Licence.**

**DECLARATION**

I / We declare that to the best of my / our knowledge and belief the information in this form is true and correct and I / We have not withheld any relevant information.

I / We consent to Commercial and Trucksure Pty Ltd using my personal information I / We have provided on this form for the purpose of processing my claim. I / We understand that if I / We choose not to provide the required details, this is my choice; however, Commercial and Trucksure Pty Ltd may not be able to process my claim.

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

Insured Signature \_\_\_\_\_ Date \_\_\_\_\_