

Heavy Motor Vehicle 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			
Home Phone No.	Work Phone No.	Mobile No.	
Email	Occupation		
Postal Address			Postcode
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)

Modification Details _____ Value \$ _____

Detail additional accessories _____ Value \$ _____

Who is the Registered owner of vehicle? _____

Trailer Details: Year _____ Make _____ Registration No. _____

Type: Flat Top Tipper Van Other (if other provide details)

Details _____

Serial / Chassis No. _____ Tare Weight _____ kg Load Weight _____ kg

What was the vehicle carrying at the time? _____

Who is the trailer owner? _____ Is the trailer financed? Yes No

Name of Financier _____ Contract No. _____

If a second trailer involved, Please attach separate details

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

Driver's Name _____ Date of Birth _____

Driver's Address _____

Postcode _____

Licence No. _____ Class _____ Expiry _____ Years Class held _____

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

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

Driver's relationship to Insured? _____

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

Heavy 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 or Theft Details:

Date of Occurrence

Time of Loss

am/pm

Location

Postcode

Accident: Describe events before, during and after the accident (include no. of lanes, speed, parked, reversing etc.)

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

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)

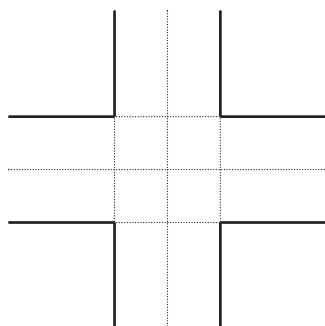
TP1 Registration No.

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?

Departure Point?

Anticipated Destination?

Distance between Departure & Destination points?

Km

Normal Operating Radius?

Km

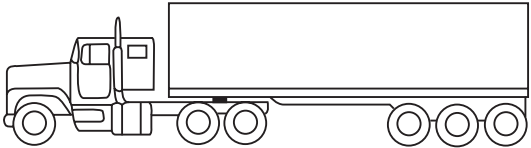
Who do you believe is at fault and why?

Was there any admission of responsibility for the accident?

Yes No

If Yes, give details

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

	Describe the Damage:
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Is the Vehicle driveable? Yes No Was Vehicle towed? Yes No

Who towed the Vehicle? _____

Where can your Vehicle be inspected? _____

Please attach any quotes that have been obtained

Theft: Where was Vehicle stolen from? _____

Was the vehicle locked? Yes No

Are there duplicate keys? Yes No

Where were the keys at the time? _____

Who has each set of keys? _____

Was the Vehicle alarmed? Yes No Was the vehicle fitted with an immobiliser? Yes No

If Yes, was alarm or immobiliser turned on? Yes No

If not turned on, why not? _____

Has the Vehicle been recovered? Yes No If Yes, by Whom _____

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

Police: Were the Police notified?

No 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 when the accident occurred? _____

Second Witness:

Name _____ Telephone No. _____

Address _____

Postcode _____

Where was the Witness when the accident occurred? _____

Third Party Details: *(Please complete 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 this Claim Form.

History:

Have you or the Driver had any insurance or renewal of insurance declined or cancelled or special conditions imposed in the last 5 years? Yes No

Have you or the Driver had an accident or made a claim on a motor vehicle insurance policy in the last 5 years? Yes No

Have you or the Driver been convicted of or had any fines or penalties imposed for any driving offence (such as speeding, disobey traffic lights etc) in the last 5 years? Yes No

Have you or the Driver been convicted of or had any fines or penalties imposed for any criminal offence? Yes No

If Yes to any History Questions, please give details

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.

IDR Statement: Disputes are not an everyday occurrence at Allianz. However we do provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details.

If you are not satisfied with the outcome of this process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

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

Signature of Driver Date