

**IN THE EVENT OF A CLAIM:**

- Take precautions to ensure that no further damage or loss occurs to the motor vehicle.
- Where possible have the motor vehicle moved to a secure location if not drivable.
- Obtain one repair quotation.
- This Claim Form should be completed and returned to your Broker as soon as possible with any relevant photos and attachments.
- Contact your Broker if you are unsure about any matters in relation to the completion of this Claim Form.

**POLICY DETAILS:**

Insured:

ABN:

To what extent can you claim an input tax credit on your motor vehicle insurance premiums?

%

To what extent can you claim an input tax credit on the vehicle which is the subject of this claim?

%

Address:

City:

State:

Postcode:

Contact Name:

Tel:

Mobile:

Fax:

Email:

**INSURED VEHICLE DETAILS:**

Make:

Model:

Year:

Registration No:

Vin/Engine No:

Colour:

For what purpose was the vehicle being used at time of accident?

School Bus

General Charter/Intra State Tours

Local Charter

Interstate Tours

Airport, Hotel, Motel Transfers

Route Service

Hotel/Club Shuttle Bus

Scheduled Intercapital Express

Self/Drive Hire

Private

Intra State Express (Ie: Countrylink, Vline Services)

Other, Please Specify:

**INSURED VEHICLE DETAILS (CONTINUED):**

Registered Owner:

Address

Do you owe money on your vehicle? YES      NO  
(Only answer if insured vehicle is a potential write off/total loss/stolen)

If "YES" give details:

Name of Lender:

Address:

Account Details:

**DRIVER DETAILS:**

Name of Driver:

Address: Postcode:

Tel: Mobile:

Relationship to insured (ie. insured, employee, hirer, relative, lease driver etc):

Licence No: Expiry Date:      DOB:

How long has the driver been licensed for this type of vehicle? Years

Was the vehicle being used with the insured's knowledge and consent? YES      NO

If "YES" reason for use? (Business, Private etc.)

Did the driver drink alcohol or take drugs in the 12 hours prior to the accident? YES      NO

If "YES" reason for use? (Business, Private etc.)

Did the driver undergo a breath test, breath analysis or blood test? YES      NO

What was the reading? (Please attach copy of the certificate)



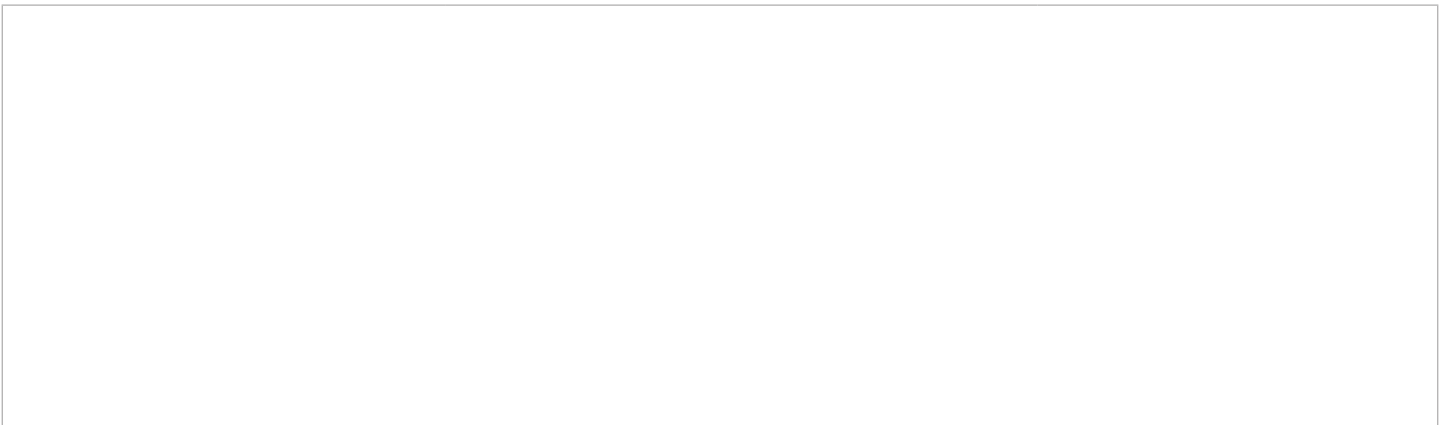
### SKETCH DIAGRAM OF ACCIDENT:

1. Name Streets
2. Direction of travel indicated by arrow
3. Your Vehicle
4. Other Vehicle
5. Show: North, South, East and West, Traffic signs, ie: Stop, Give Way, Roundabout etc.



### THEFT

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



**DAMAGE TO YOUR VEHICLE:**

Are you claiming for the damage to your vehicle? YES NO

Was the vehicle towed? YES NO

If "YES" give details:

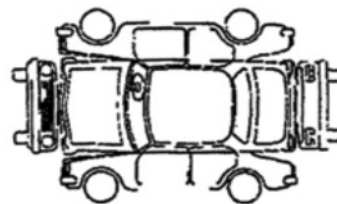
Name of tow company: \_\_\_\_\_

Where was it towed? \_\_\_\_\_ Distance towed: \_\_\_\_\_ KMS

Where is vehicle now? \_\_\_\_\_

Estimated cost of repairs: \_\_\_\_\_ \$

**SHOW ON THE DIAGRAM WHERE THE DAMAGE OCCURRED:**



**OTHER VEHICLE:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
 Registration No: \_\_\_\_\_ Colour: \_\_\_\_\_

**OWNER OF OTHER VEHICLE:**

Surname: \_\_\_\_\_ Given Name (s) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Insurance Co: \_\_\_\_\_ Policy No: \_\_\_\_\_

**DRIVER OF OTHER VEHICLE:**

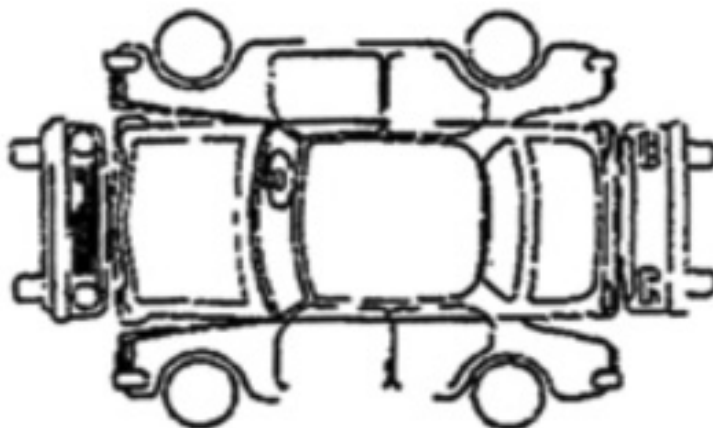
Surname: \_\_\_\_\_ Given Name (s) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Date Of Birth: \_\_\_\_\_ Drivers Licence No: \_\_\_\_\_  
 Was The Owner In The Vehicle At The Time Of The Accident? YES NO

**IF THERE IS MORE THAN ONE VEHICLE INVOLVED PLEASE ATTACH DETAILS**

**SKETCH DIAGRAM:**

Shade in damage to Other Vehicle.

Indicate point of Impact (X).



**OTHER PARTIES:**

Surname: \_\_\_\_\_ Given Name (s) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

**POLICE**

Did police attend the incident scene? YES NO

**OR** did you report the incident to the police? YES NO

Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Station: \_\_\_\_\_ Police event number: \_\_\_\_\_

Date of report:     /     /

Name of person to be charged or cautioned: \_\_\_\_\_

Nature of charge or caution: \_\_\_\_\_

**WITNESS (ES) DETAILS:**

Surname: \_\_\_\_\_ Given Name (s) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ Private: \_\_\_\_\_

Mobile: \_\_\_\_\_

Was this witness in the insured vehicle? YES NO

Surname: \_\_\_\_\_ Given Name (s) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ Private: \_\_\_\_\_

Mobile: \_\_\_\_\_

Was this witness in the insured vehicle? YES NO

## DECLARATION AND AUTHORISATION:

I/We declare that to the best of my knowledge and belief, the information provided on this claim form and in any attached documentation is true and correct and that I/We have not withheld any relevant information.

I/We consent to Australian Bus & Coach Underwriting and/or its agent using the personal information I/We have provided for the purpose of processing my claim. I/We understand that if I/We choose not to provide the required details, this is my/our choice; however, Australian Bus & Coach Underwriting and/or its agent may not be able to process my/our claim.

I/We consent to Australian Bus & Coach Underwriting and/or its agent disclosing my/our personal information to other insurers, an insurance reference service, claims adjusters, lawyers and other consultants or as required by law. I/We also consent to Australian Bus & Coach Underwriting and/or its agent disclosing my/our personal information to and/or collecting additional information about me/us, from investigators or legal advisors.

I/We acknowledge that I/We have read and understood the Privacy Statement and consent to the collection, storage, use and disclosure of personal and sensitive information to all persons affected by this claim.

I/We acknowledge that if I/We do not agree to the collection of this personal information then Australian Bus & Coach Underwriting and/or its agent will be unable to process my/our claim.

I/We authorise Australian Bus & Coach Underwriting or its agent to 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:

Date:

Name: (please print)

Signature of driver:

Date:

Name: (please print)

## AGENT OF THE INSURERS

In accordance with the requirements of the Corporations Act 2001 Australian Bus & Coach Underwriting in arranging or effecting this insurance, or dealing with or settling claims will be acting under an authority given to it by certain Insurers. Accordingly Australian Bus & Coach Underwriting will be acting as an agent of the insurers and not an agent of the insured.

## PRIVACY

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at [www.austagencies.com.au](http://www.austagencies.com.au)

**Please access and read this policy.**

If you have any queries about how we handle your personal information or would prefer to have a copy mailed to you, please ask us.

If you wish to access your file please ask us.



## GENERAL INSURANCE CODE OF PRACTICE

In accordance with our binding authorities, where we act on behalf of the insurer, we are bound by the General Insurance Code of Practice. The Code is designed to set minimum standards of practice and service in the insurance industry. Further information about the Code can be obtained from [www.codeofpractice.com.au](http://www.codeofpractice.com.au)

## COMPLAINTS & DISPUTES RESOLUTION

If you have any complaints about the products or services provided to you we have a complaints and internal dispute resolution process to try and resolve them as quickly as possible. Please contact us and tell us about your complaint. If you are not satisfied with the outcome of this process we will provide you with information about the Financial Ombudsman Service (FOS) including their contact information, when you lodge your complaint with us or at any time upon your request.