

Motor Vehicle Accident Claim Form

The completion of this form and its receipt by us is not an indication that we accept any liability.

We have quality repairers to help you in the event of a claim.

Please print in BLOCK LETTERS and answer all Questions where applicable (provide full and complete answers). If a particular question does not apply, please write "Nil" in the space provided. If the space provided below is insufficient to advise all the details, please attach a separate sheet.

This form should be completed and returned within 7 days of receipt by the insured. No repairs should be carried out without the approval of NRMA Insurance. A copy of any quote for repairs should be included with this form.

Claim no.

Policy no.

Excess

\$

Insured's details

Title Name of Insured

Address

Postcode

Telephone no.

Mobile no.

Contact name

Name of registered owner

Phone no. (private)

Phone no. (business)

Email address

1. Are you registered for GST?

No

Yes

2. What is your Australian Business Number (ABN)?

3. Are you entitled to any Input Tax Credit (ITC) if you repair or replace the property damaged?

No

Yes

If "yes", what is your percentage entitlement? %

4. What was your 'Input Tax Credit' (ITC%) on your premium payment for this policy? %

Vehicle details

5. Year of manufacture Vehicle make and model

Body type e.g. Sedan, Utility

No. of cylinders

Chassis/VIN no.

Engine no.

Registration no.

6. Please list all accessories or other equipment which has not been fitted by the vehicle manufacturer

Two empty text input fields for listing accessories or equipment.

7. Is Vehicle subject to Finance? (Mortgage/Bill of Sale/Hire Purchase/Lease)

No Yes

If "yes", give details:

Name

Branch

Contract no. (if known)

Three empty text input fields for Name, Branch, and Contract no.

Driver's details

8. Driver or person last in charge of your vehicle.

Name

Date of birth

Empty text input field for Name.

Date of birth input fields: DD / MM / YY

Address

Empty text input field for Address.

Postcode

Postcode input fields: four empty boxes.

9. Driver's Licence No.

Classes

Expiry date of driver's licence

Driver's Licence No. input fields: ten empty boxes.

Classes input field: empty text box.

Expiry date input fields: DD / MM / YY

Years held

Years held input field: empty text box.

Type of licence

Full

Full

Probationary

Probationary

Learners

Learners

10. Has the driver had any accidents, traffic convictions and/or penalties in last 5 years?

No Yes

If "yes", give full particulars:

Two empty text input fields for accident details.

11. Has the driver's licence ever been suspended or cancelled?

No Yes

If "yes", give details:

a. When

b. State reason

When input field: empty text box.

State reason input field: empty text box.

12. If the driver is not the Insured, please state:

a. Was the vehicle being driven with the Insured's knowledge or consent?

No Yes

b. Was the driver a paid employee of the Insured?

No Yes

c. Does the driver have an insurance policy on their own vehicle?

No Yes

If "yes", Name of company:

Policy no.

Name of company input field: empty text box.

Policy no. input field: empty text box.

d. Has the driver ever been refused vehicle insurance or continuance thereof by an insurer?

No Yes

If "yes", Name of company:

Name of company input field: empty text box.

13. Was the driver taken to hospital?

No Yes

14. Had the driver consumed within 24 hours preceding the accident any drugs or alcohol? No Yes

If "yes", please state the nature and quantity of drugs and/or alcohol consumed:

15. Were you requested to take a blood, breath or urine test? No Yes

If "yes", give details of Type of Test:

Blood Test Urine Test Alco-Test Full Breathalyser What was the reading?

Note: Documentary proof of the result of a blood or breathalyser test must be provided to us

Police, traffic and other action against you or your driver

16. Did police attend accident and take particulars? No Yes

17. Has the driver reported the accident to the police? No Yes

If "yes", give details:

Where Report number Date reported / /

18. Was any charge laid or intimated against driver? No Yes

If "yes", give details:

Nature of charges

Vehicle information

19. Was the vehicle being used for business at the time of the accident. No Yes

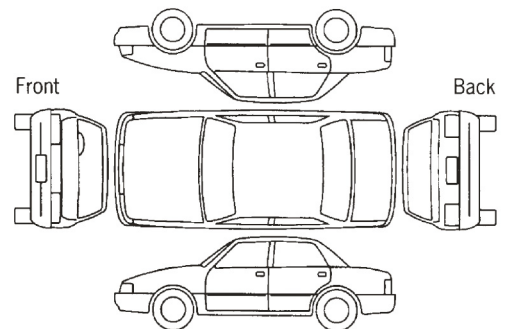
If "yes", please state the nature of business:

If goods carrying vehicle please state:

a. Nature of load b. Weight of load

20. Describe damage to insured vehicle in this accident:

Place X on diagram to show areas of damage.



21. Was there pre-existing damage? No Yes

If "yes", give details:

22. Was vehicle towed? No Yes

If "yes", give details:

By whom?

When

Present location of vehicle

23. Choice of Quality Repairer Repair Quote

\$

24. When will vehicle be left at repairer's workshop to be inspected?

Note: Please phone us to report the accident and to arrange inspection for repairs to proceed without delay. Where an accident has occurred beyond Metropolitan Area, an itemised quotation should be sought from a local repairer and sent with this form (except TPPD).

Details of other vehicle or property

Please supply full names of other driver, also their private and business address. This will assist recovery of your repair costs.

25. Owner's surname Other names

26. Address Phone no.

Postcode

27. Driver's surname Other names Approx. Age

28. Address Phone no.

Postcode

29. Vehicle make

Body type

Registration no.

30. Describe damage to vehicle and/or property

Approx. Cost \$

31. Is this vehicle insured? No Yes

If "yes", state name of company

32. Is the other driver known to you? No Yes

If "yes", how?

Details of all witnesses

*State if the witness was: a. an independent witness; b. in the insured vehicle; or c. in the third party vehicle. (See below)

33. Were there any witnesses to this accident?

No Yes

If "yes", provide details:

Name

Address

Postcode

Phone no.

Age

*

a.

b.

c.

Name

Address

Postcode

Phone no.

Age

*

a.

b.

c.

Details of accident

34. Have you previously reported this accident to us?

No Yes

If "yes", give details: How?

35. Date of accident

Date

Time

a.m.

p.m.

36. Where did accident occur?

Street

Town/Suburb

37. a. Speed of your vehicle At the moment of impact

Before emergency arose

b. Speed of other vehicle At the moment of impact

Before emergency arose

38. a. What lamps were alight? i. On your vehicle?

ii. On the other vehicle?

b. Were indicators operating? i. On your vehicle?

ii. On the other vehicle?

39. What was the road surface like?

Wet

Dry

Loose

Traffic controls

None

Traffic lights

Give way sign

Stop sign

Roundabout

Other:

40. How many vehicles were involved (including your own)

41. State clearly and fully how the accident occurred

(If insufficient space, please attach a separate written statement.)

42. Who, in your opinion was to blame for the accident?

Why?

43. Has any claim been made against you?

No

Yes

If "yes", give details:

Diagram of accident

44. Name the streets

45. Indicate directions with arrows, so: → ↑ ↓ ←

46. Indicate distances so: ← 12ft or 4m →

47. Show accurately the position of the pedestrian or vehicles involved in the accident and witnesses.

48. Show your vehicle other vehicle

49. Show point of impact so: X

50. Show existence of any road signs at intersections

N

Please draw a PLAN OF THE ROADWAY where the accident happened.

W

E

S

Before signing please read this important information

No claim bonus – Your No claim bonus may be affected depending on the circumstances of the Loss and the cover selected.

Excess – You must pay all applicable excesses before we are liable for any payment under this policy.

Declaration

I hereby authorise the Insurer to obtain any report or statement that I have made to the police.

No information likely to affect the acceptance of this claim has been withheld. I understand that this claim may be refused if any information is false, or inaccurate or concealed.

I consent to the Insurer, in assessing or otherwise dealing with this claim, disclosing my personal information to or collecting my personal information from related entities, other insurers, insurance reference bureaux, investigators, or other parties providing services to the Insurer.

I/we agree that, by submitting this form, the personal information I/we provide in this form or otherwise may be collected, held, used and disclosed in the manner set out in our Privacy Policy. Where I/we have provided information about another individual, I/we confirm that I/we have provided notice to and obtained the consent of that individual in the manner required in the Privacy Policy.

Note: A copy of the Privacy Policy is on our website www.nrma.com.au/privacy or can be sent to you by contacting us on 132 132.

The document can be signed electronically, using the Adobe fill and sign feature.

Signature of **Driver**

Date

Age of **Driver** or person last in charge of vehicle

The foregoing information is, to the best of my knowledge and belief, true in every respect.

I consent to the Insurer, in assessing or otherwise dealing with this claim, disclosing my personal information to or collecting my personal information from related entities, other insurers, insurance reference bureaux, investigators, or other parties providing services to the Insurer.

I hereby submit the foregoing information in support of my formal claim for indemnity under my policy and I hereby authorise the Insurer to obtain any report or statement that I have made to the police.

The document can be signed electronically, using the Adobe fill and sign feature.

Signature of **Insured**

Date

Please ensure that all questions have been answered