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Motor Vehicle Insurance Claim

The supply or acceptance of this form is not an admission of liability on the part of the insurer. Please complete ALL sections of this claim form. Unless specifically arranged beforehand, no repairs or alterations to the damaged vehicle should be made unless approved by your insurance underwriter.

Policy Number Client Ref No

Insured

Insured's Name

Address PostCode

Email Address Mobile

Occupation Phone Number

What is your Australian Business Number (ABN)?

Are you registered for GST? Yes No

To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium? %

Are you the sole owner of the insured vehicle? Yes No

If NO, who is the owner?

Insured Vehicle

Make & Model Year

Rego Number Rego Expiry Date Colour

Engine No Chassis No

Class of Vehicle

| | | | |
|-------------------------------------|--------------------------|---|--------------------------|
| Sedan or Station Wagon | <input type="checkbox"/> | Bus or Coach | <input type="checkbox"/> |
| Van or Utility up to 2T | <input type="checkbox"/> | Light Construction or earthmoving Plant | <input type="checkbox"/> |
| Rigid Vehicle over 2T and up to 5T | <input type="checkbox"/> | Heavy Construction or earthmoving Plant | <input type="checkbox"/> |
| Rigid Vehicle over 5T and up to 10T | <input type="checkbox"/> | Trailer | <input type="checkbox"/> |
| Rigid Vehicle over 10T | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Articulated Prime Mover | <input type="checkbox"/> | | |

Trailer Details (if applicable)

| | | | |
|------|----------------------|-----------------|----------------------|
| Make | <input type="text"/> | Type | <input type="text"/> |
| Year | <input type="text"/> | Registration No | <input type="text"/> |

Driver

For parked or unattended vehicles, Driver = Vehicle custodian at the time of loss.

| | | | | | | | |
|-----------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------------|----------------------|--------------------------|
| Surname | <input type="text"/> | Given Name(s) | <input type="text"/> | | | | |
| Address | <input type="text"/> | Postcode | <input type="text"/> | | | | |
| Phone No. | <input type="text"/> | Date of Birth | <input type="text"/> | Female | <input type="checkbox"/> | Male | <input type="checkbox"/> |
| Driver Licence | <input type="text"/> | Expiry Date | <input type="text"/> | Years held | <input type="text"/> | | |
| Registered owner of vehicle | <input type="text"/> | | | | | | |
| Are you an employee? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | If not, state relationship | <input type="text"/> | |

Have you had any traffic convictions or been involved in any motor vehicle accidents in the past five (5) years? Yes No

If Yes, please give details

Have you been convicted of or had any fines or penalties imposed for any Yes No
criminal offences in the last 10 years? If Yes, please provide details

Did you consume any alcohol or take any drugs during the
12 hours prior to the accident? Yes No
If Yes state how much and when

Did you undergo a breath test or blood test for alcohol or drugs? Yes No
If Yes what was the result

Did you refuse to undergo any of the above tests? Yes No

Damage to insured vehicles

Was your vehicle damaged? Yes No

Was your vehicle towed away? Yes No

Have you obtained a repair quote? Yes No

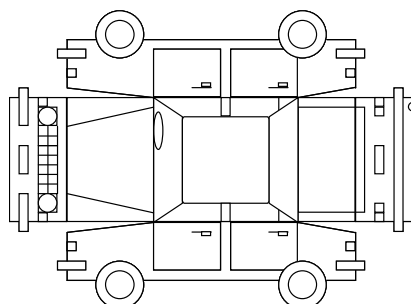
Amount \$
(Attach Quote)

If not driveable where can the vehicle be inspected?

Full address

Phone No

Show the damaged areas to your vehicle on the following diagram



Accident Details

Date Time am/pm Vehicle Use: Business Private

What was the accident location?

Street Suburb P/code

How did the accident happen?

Please draw a plan of the accident. Show the nearest cross street; street names; centre of the roadway; direction and location of vehicles; location of traffic control signals and another useful information.

Indicate your own vehicle as **A**  Indicate any other vehicles as **B** 

Who do you consider was at fault? Myself Other driver Other

Estimated speed of YOUR vehicle just before the accident KPH

Estimated speed of OTHER vehicle just before the accident KPH

What was the condition of the road?

Sealed Unsealed Smooth Rough Wet Dry

How was visibility?

Good Moderate Poor

Were there any witnesses to the accident? Yes No

If Yes, please provide names & addresses

Did Police attend the accident? Yes No

If Yes, Police station Name/Number of officer

If No, state time and date reported to Police

Did Police indicate who was responsible? Yes No

If Yes, Name of driver?

Did Police charge either driver or suggest action may be taken? Yes No Charge

Damage to other vehicle or property

| | Vehicle or Property No 1 | Vehicle or Property No 2 |
|------------------------------------|--------------------------|--------------------------|
| Name of other driver | | |
| Age | | |
| Phone No. | | |
| Licence No. | | |
| Vehicle Make & Model | | |
| Rego No. | | |
| Name of registered Owner | | |
| Address | | |
| | | |
| Phone No. | | |
| The other insurance Company | | |
| Policy Number | | |
| Description of Damage | | |
| | | |
| | | |
| | | |

Personal Injuries

Was anyone injured in the accident? Yes No

| Name | Type of injury | Injured Party (Passenger/Driver) | Vehicle (Registration No.) |
|------|----------------|-------------------------------------|-------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Privacy

The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer 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.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

Internal Dispute Resolution (IDR) Statement

Disputes are not an everyday occurrence. However insurers 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 that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

Declaration (must be completed)

1. I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.
2. Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect of such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.
3. I/We acknowledge that I/we have read and understood the Privacy Act 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.
4. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

Driver's Signature: _____

Date: _____

Insured's Signature: _____

Date: _____

Electronic Funds Transfer Authority

Section 1

Name (of policy holder)

Title: Mr. Mrs. Miss Company

Name: _____

Section 2

Bank Account Details

BSB number (all 6 digits are required here)

Account Number

Nominated account name: _____

Bank, Credit Union, Building Society name: _____

Branch: _____

Section 3

Declaration

I hereby authorise my Insurer to make any payments to the policy holder by Electronic Funds Transfer (EFT) into the above bank account.

Signature if individual: _____ **Date:** _____

Signature if Company: _____ **Date:** _____

Print Name: _____

How To Make A Motor Vehicle Claim

Whether at fault or not and to avoid delay, it is easier to claim on your Insurer and let them recover for you. Here are the steps to be taken: -

1. Obtain a quotation from a reputable repairer
2. The repairer will usually arrange the assessment and for this you must:-
 - a) complete a claim form,
 - b) supply a copy of your licence to be left with the claim form at the repairers.
3. On the day of assessment (to be pre-arranged with you), the vehicle should be left all day with your repairer, repairs should be authorised on that day and work can commence. You will pay your excess to the repairer when collecting the repaired vehicle.

If you are not at fault:-

- your excess is recoverable
- car hire may be paid for, if a business registered vehicle, but not necessarily all costs.

Please note, the refund of excess and car hire is paid by the third party or their Insurer and this usually takes between 3-6 months.

If no refund received after 6 months, you can:-

- Follow this up yourself by contacting your Insurer
- Contact our office and ask our assistance

4. In the event of a total loss, the **market** value will be determined by the assessor. At times you may not agree on this figure, however, it is your prerogative to obtain another valuation. We can advise.
5. If the vehicle has been stolen, your Insurer will apply for a police report. They will generally wait for 4-6 weeks before settling the claim in the event the vehicle is recovered (80% usually are recovered albeit not in the condition when last seen by the owner).
6. If your vehicle is not damaged or damage is minor but you have caused damage to a third party and the accident is your fault, a claim form must be completed and sent to our office with a copy of your licence and excess if applicable, then forward any letters of demand with quotations.

RESET

SAVE

PRINT

SUBMIT

Please click submit to send the form electronically. You will then have to select desktop email or webmail. If you use Microsoft Outlook or similar select desktop mail and a new email will automatically open with the completed PDF attached, then click send.