

# Motor Vehicle Claim Form

Please return completed form to your JLT office:

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| <input type="checkbox"/> Jardine Lloyd Thompson Pty Ltd<br>GPO Box 1693<br><b>ADELAIDE SA 5001</b>                   | Telephone: (08) 8418 0288<br>Fax: (08) 8223 6903 |
| <input type="checkbox"/> Australian Broking & Risk Services<br>PO Box 197<br>Rundle Mall<br><b>ADELAIDE SA 5000</b>  | Telephone: (08) 8418 0250<br>Fax: (08) 8359 2877 |
| <input type="checkbox"/> Australian Insurance Brokers<br>PO Box 3290<br>Rundle Mall<br><b>ADELAIDE SA 5000</b>       | Telephone: (08) 8418 0260<br>Fax: (08) 8418 0278 |
| <input type="checkbox"/> Jardine Lloyd Thompson Pty Ltd<br>PO Box 925<br><b>ALBURY NSW 2640</b>                      | Telephone: (02) 6021 5133<br>Fax: (02) 6021 5581 |
| <input type="checkbox"/> Jardine Lloyd Thompson Pty Ltd<br>GPO Box 741<br><b>BRISBANE QLD 4001</b>                   | Telephone: (07) 3246 7555<br>Fax: (07) 3246 7590 |
| <input type="checkbox"/> Jardine Lloyd Thompson Pty Ltd<br>PO Box 115<br><b>CAIRNS QLD 4870</b>                      | Telephone: (07) 4031 5299<br>Fax: (07) 4031 5062 |
| <input type="checkbox"/> Jardine Lloyd Thompson Pty Ltd<br>2A Pearson Street<br><b>LAMBTON NSW 2299</b>              | Telephone: (02) 4956 1377<br>Fax: (02) 4956 1441 |
| <input type="checkbox"/> Jardine Lloyd Thompson Pty Ltd<br>Level 15, 500 Collins Street<br><b>MELBOURNE VIC 3000</b> | Telephone: (03) 9613 1415<br>Fax: (03) 9614 3600 |
| <input type="checkbox"/> Jardine Lloyd Thompson Pty Ltd<br>GPO Box E201<br><b>PERTH WA 6841</b>                      | Telephone: (08) 9426 0444<br>Fax: (08) 9426 0999 |
| <input type="checkbox"/> Jardine Lloyd Thompson Pty Ltd<br>PO Box H25<br>Australia Square<br><b>SYDNEY NSW 1215</b>  | Telephone: (02) 9290 8000<br>Fax: (02) 9299 7280 |
| <input type="checkbox"/> Jardine Lloyd Thompson Pty Ltd<br>PO Box 1720<br><b>TOWNSVILLE QLD 4810</b>                 | Telephone: (07) 4772 4099<br>Fax: (07) 4721 2362 |



## Motor Vehicle - Claim Form

The Issue of this form is not an admission of Liability

Please complete this claim form and ensure that you sign the Declaration at the end of this form

JLT Contact/Ref  Insurer  Policy No.  Excess

### INSURED'S DETAILS

1. Name of Insured

2. Postal Address

Postcode

3. Contact Name  Telephone No.

Facsimile No.  E-mail address:

4. Name of Registered Owner

Telephone No (private)  (business)

5. If more than one named insured is claiming for this loss, please answer this question for each insured on a separate page

(a) Are you registered for GST purposes? (Tick box applicable) YES  NO

(b) If YES, what is your Australian Business Number (ABN)?

(c) Have you claimed or are you entitled to claim an Input Tax Credit (ITC) on your monthly or quarterly Business Activity Statement to the Australian Taxation Office in respect to the GST paid on the insurance policy under which this claim is being made? Yes  No

(d) If YES, what percentage of the GST did you claim or are you entitled to claim?  %  
(if the GST paid and your ITC entitlements are the same amount, the answer to this question is 100%)

**Insurers cannot settle your claim without the above information and, if you fail to advise the availability of an ITC or understate its availability, you may have a liability to pay tax on the claim payment. If you have any queries, please see your tax adviser**

### LOSS OR DAMAGE DETAILS

6. Date of event  At  a.m.  p.m.

7. Where did event occur?

7. How many vehicles were involved in the accident (including your own?)

8. (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



9. What was the road surface like? Wet  Dry  Loose

Traffic Controls None  Traffic Lights  Give Way Sign  Stop Sign  Roundabout  Other

10. How did loss or damage occur? Please provide all the facts, even if they are not in your favour.


<p><b>SKETCH DIAGRAM OF ACCIDENT</b></p> <p>1. Name</p> <p>2. Indicate direction of travel</p> <p>3. Your vehicle </p> <p>4. Other vehicle(s) </p>	<p><b>Name the streets, indicate directions travelling with arrows, show point of impact, show existence of any road signs at intersections.</b></p>
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11. (a) Who, in your opinion was to blame for the accident?

(b) Why?


**VEHICLE DETAILS**

12. Year of Manufacture  Vehicle Make and Model

Body type  No. of Cylinders  Engine No.

VIN. No.  Registration No

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


14. Is Vehicle subject to Finance? Yes  No

If "yes" give details: Name

**DRIVER'S DETAILS**

15. Driver or person last in charge of your vehicle. Name

Address  Date of Birth

16. Driver's Licence No.  Classes  Expiry Date of Driver's Licence  Years held

17. Has the driver had any accidents, traffic convictions and/or penalties in the last 5 years? Yes  No

**If "yes" give full particulars**


18. Has the driver's licence ever been suspended or cancelled? Yes  No

**If "yes" give details:**

(a) When

(b) State reason

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

(a) Was the vehicle being driven with the Insured's knowledge and consent? Yes  No

(b) Was the driver a paid employee of the Insured? Yes  No

(c) Driver's relationship to Insured if not employee.

(d) Has the driver ever been refused vehicle insurance or continuance thereof by an insurer? Yes  No

**If "yes", Name of company**

20. Had the driver consumed any drugs or alcohol within 12 hours preceding the accident? Yes  No

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

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

**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 MAY BE REQUIRED**

**POLICE INFORMATION**

22. Did police attend the accident? Yes  No

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

If "yes", give details

Where  Report Number  Date reported

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

If "yes" what was the nature of the charge?


**DAMAGE TO THE INSURED VEHICLE**

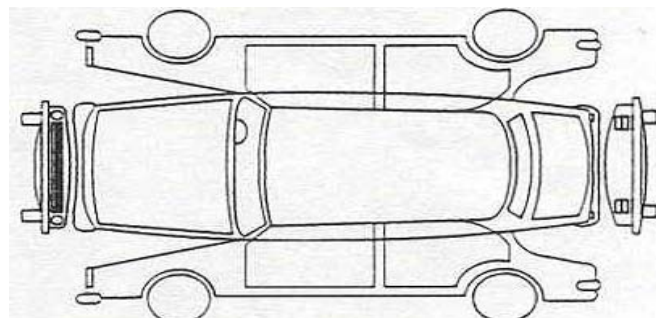
25. Was the vehicle being used for business at the time of the accident? Yes  No

If "yes", please state the nature of business

If goods carrying vehicle please state: (a) Nature and Weight of load

26. Describe damage to insured vehicle in this accident


**Shade in damage to insured vehicle**



27. Was there any pre-existing damage to vehicle. Yes  No

If yes, please give details




28. Was vehicle towed? Yes  No

If "yes", please give name of Towing Company

29. Where was the vehicle towed to?

30. Where is the vehicle now?

31. Where can the vehicle be inspected?

**No repairs or alterations to the damaged vehicle should be made until approval is made by the Insurer**

**DETAILS OF OTHER VEHICLE OR PROPERTY**

34. OWNER'S NAME

35. Address

Phone No

36. DRIVER'S NAME  Licence No

37. Address

Phone No.

38. Vehicle Make  Body type  Reg. No.

39. Describe damage to vehicle and/or property

Approximate Cost \$

40. Is this vehicle insured? Yes  No

If "yes", Name of Insurance Company

41. Has any claim been made against you for either damage to other vehicle or property? Yes  No

If "yes", give details and amount



**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)

42. Were there any witnesses to this accident?

No

Yes

If "yes" provide details:

Name

Phone No

Address.

Name

Phone No

Address.

**Please note:**

1. Make sure that you give us ALL details about your claim.
2. Please send any documentation you have which may assist in verifying ownership.
3. Send us all original quotations which you have received from the repairer.
4. Tell the Police immediately about any loss or damage which has been caused by theft, vandalism or malicious damage to your vehicle.
5. For Third Party claims, do not admit liability.
6. Contact your Claims Broker should you require assistance.

**DECLARATION**

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

Signature of Insured or person with authority to sign for or on behalf of the Insured

Date:

Signature of the driver (if not the insured)

Date:

\* this consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business



## COLLECTION STATEMENT UNDER PRIVACY ACT 1988

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In accordance with the Privacy Act 1988 (and subsequent amendments), we, Jardine Lloyd Thompson Pty Ltd (and our subsidiaries and related entities) (JLT) draw your attention to the following:

- We may collect personal information about you in connection with our services.
- We collect the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other JLT products or services. If you are proposing for or renewing insurance, the information is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984, the Marine Insurance Act 1909 or at common law.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and JLT related Group companies.
- By providing the information requested in this document you agree to us collecting, using and disclosing your personal information as outlined in this Collection Statement.
- If you do not provide all or part of the information requested, we may be unable to process your application or provide other required services, your application for insurance may be declined or you may prejudice your insurance cover.
- You have the right to request access to, and correct, any personal information that we hold about you, subject to the provisions of the Privacy Act 1988.
- To assist us in maintaining correct records we ask you to inform us of any changes in your personal information provided, as they occur.
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act 1988, you must obtain any necessary consents from the person concerned.
- Our Privacy Policy can be made available on request or can be accessed on our website ([www.jlta.com.au](http://www.jlta.com.au)).
- For further information contact your account executive or the JLT Privacy Officer:  
Jardine Lloyd Thompson Pty Ltd, 66 Clarence Street, SYDNEY NSW 2000  
Telephone: (02) 9290 8000