

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.

Expiry Date  /  /

Excess \$

## INSURED'S DETAILS

Name of Insured <sup>Mr</sup>  <sup>Mrs</sup>  <sup>Miss</sup>  <sup>Ms</sup>

Address

Telephone No.  Mobile No.  Contact Name

Name of Registered Owner  Phone No. (private)  (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 'Entitlement to an Input Tax Credit' (EITC%) 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

(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)

## DRIVER'S DETAILS

(8) Driver or person last in charge of your vehicle. Name

Address  Date of Birth  /  /

(9) Driver's Licence No.  Classes  Expiry Date of Driver's Licence  /  /

Years held  Type of Licence Full  Probationary  Learners

(10) Has the driver had any accidents, traffic convictions and/or penalties in last 5 years? No  Yes   
If "yes", give full particulars.

(11) Has the driver's licence ever been suspended or cancelled? No  Yes   
If "yes", give details: (a) When   
(b) State reason

(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.

(d) Has the driver ever been refused vehicle insurance or continuance thereof by an insurer? No  Yes   
If "yes", Name of company

## DRIVER'S DETAILS (Continued)

- (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

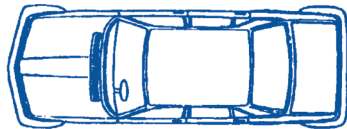
- (16) Did police attend accident and take particulars? No  Yes
- (17) Has driver reported accident to the police? No  Yes   
If "yes", give details:  
Where \_\_\_\_\_ Report Number \_\_\_\_\_ Date reported \_\_\_\_/\_\_\_\_/\_\_\_\_
- (18) Was any charge laid or intimated against driver? No  Yes   
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. \_\_\_\_\_
- (27) Driver's Surname \_\_\_\_\_ Other Names \_\_\_\_\_ Approx. Age \_\_\_\_\_
- (28) Address \_\_\_\_\_ Phone No. \_\_\_\_\_
- (29) Vehicle Make \_\_\_\_\_ Body type \_\_\_\_\_ Reg. 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 \_\_\_\_\_  
Phone No. \_\_\_\_\_ Age \_\_\_\_\_ \* (a)  (b)  (c)
- Name \_\_\_\_\_ Address \_\_\_\_\_  
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 \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_ am/pm
- (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.sgc.com.au/privacy](http://www.sgc.com.au/privacy) or can be sent to you by contacting us on 133 233.

Signature of DRIVER \_\_\_\_\_

Age of DRIVER or person last in charge of vehicle \_\_\_\_\_

Date \_\_\_\_\_

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.

Signature of INSURED \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE ENSURE THAT ALL QUESTIONS HAVE BEEN ANSWERED**