

Tag Insurance Brokers Pty Ltd

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AFS 229848

487 South Road Bentleigh 3204

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Car Insurance Claim Report - Accident

Please answer all questions. This will help us process your claim quickly.
Please obtain one quotation for the repair of your vehicle from a reputable repairer of your choice.
If you need more space to answer any of the questions, please use a separate sheet of paper.
Any attachments will form part of this claim report and the declaration will include them.

1. Policy number (from your schedule) Expiry date

: : : : : : : : :	/ /	Office use only			
		Alpha code	XS	MP	Cause
		[]	[]	[]	[]

2. Insured (surname, company, partnership, occupation)

Given name(s) of insured Contact person (for company or partnership claims)

3. Are you registered for GST purposes?
 No Yes What is your ABN? : : : : : : : : : :
 Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy?
 No Yes Is the amount claimed or intended to be claimed less than 100% of the GST applicable to the premium? No Yes Specify the percentage amount claimed or intended to be claimed [] %
 Are you entitled to claim an input tax credit for repairs or replacement of your vehicle?
 No Yes Is the amount claimable less than 100%? No Yes Specify the percentage amount claimable [] %

4. Address Postcode

5. Private telephone no. Business telephone no. Facsimile no.
 () () ()

6. Nominated Fleet Owners Only Record codes as advised
 Subsidiary [] Division [] State [] Vehicle type [] Odometer [] Occupation []

Insured vehicle details

7. Description of the vehicle involved in the accident?
 Registration or identification no. Engine number VIN

Name of registered owner Make, model & body type Year of manufacture

8. Do you owe money on the vehicle?
 No Yes Lender's name Approximate amount owing
 \$

9. Has the vehicle been modified or converted from the manufacturer's specification or fitted with accessories other than those supplied by the manufacturer?
 No Yes Describe the modifications/accessories

Insured vehicle details (cont'd)

10. Was there any unrepaired damage to the vehicle before the accident?

No Yes Describe the unrepaired damage

11. What were you using the vehicle for at the time of the accident? (e.g. travelling to work, shopping, business use)

Driver details

12. Who was driving the vehicle when the accident happened?

Relationship to insured (e.g. son, daughter, employee)

Address

Postcode

Private telephone no.

Business telephone no.

Facsimile no.

Was this person driving with the knowledge and consent of the insured?

No Yes

13. Did the driver have a current driver's licence for this class of vehicle?

No Yes Licence no.

Learner's 'P' plates Full

Years licenced

Date of birth

List any restrictions on the licence

14. Did the driver drink any alcohol, or take any drugs or medication in the 12 hours prior to the accident?

No Yes What did the driver drink or what drugs or medication did the driver take?

When?

How much?

15. Has the driver been charged with, or convicted of, a motoring offence (other than a parking offence) or been disqualified from driving in the past 5 years?

No Yes State the details

16. Has the driver been charged with, or convicted of, any criminal offences in the past 10 years?

No Yes State the reasons

17. Has the driver had insurance refused or cancelled, had a renewal refused or had special conditions imposed by an insurer?

No Yes State the reasons

18. Has the driver been involved in a car accident, or claimed against an insurance company for damage to a car, in the past 5 years?

No Yes Complete details below

Full name of person Date of occurrence / / Brief details (e.g. hit other car in rear)

Was a claim submitted to your insurance company? No Yes Your insurance company's name

Accident details

19. When did the accident happen?

Date / / Time a.m. p.m.

20. Where did the accident happen? Please also provide a street directory map reference if possible.

21. How did the accident happen?

Describe in detail the circumstances leading up to the accident and how the accident happened. It is important to be as accurate as you can. Please tell us all the facts, even if they are not in your favour. Tell us which driver you feel is at fault and why.

22. Was a trailer being towed at the time of the accident? No Yes Type of trailer Registration number

23. Did the accident happen at, or near:

(a) Traffic lights? No Yes Indicate the colour of the traffic light facing the:
Insured driver - Red Amber Green
Other driver - Red Amber Green

(b) Stop or Give Way sign? No Yes Indicate the type of sign facing the:
Insured driver - Stop sign Give Way sign
Other driver - Stop sign Give Way sign

24. What were the road conditions at the time of the accident?

(a) Sealed roadway Wet Dry (b) Unsealed roadway Wet Dry

What were the weather conditions at the time of the accident?

Fine Overcast Raining Storm Hail Other weather conditions

What vehicle lights were in use?

What signals were given?








By you By the other driver By you By the other driver

25. At the time of the accident what was the approximate speed before braking of the:

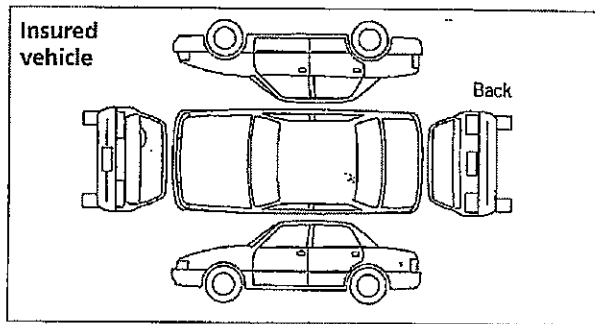
(a) Insured vehicle km/h (b) Other vehicle km/h

Accident details (cont'd)

26. Using the symbols below draw a diagram of the accident scene showing the position of all vehicles. Indicate by arrows the direction in which the vehicles were travelling, the names of the streets and the north point of the compass. Please identify any other vehicles involved as '2', '3', '4' etc. It is important that the sketch be as accurate and as detailed as possible as it may be used in legal proceedings.

Your vehicle 	Other vehicle 	Pedestrian, Cyclist etc. 	Road 	Stop sign 	Give way sign 	Lights 

27. On this diagram please shade the areas damaged in the accident.



28. If we wish to inspect the vehicle, whom do we contact and where will the vehicle be?

Name of person	Telephone no. ()
Address where the vehicle is being kept	
Postcode	

Other vehicle(s) details

Please provide information about the other vehicle(s), even if they were not damaged. This will help in our investigation. If additional vehicles were involved, attach details of those vehicles on a separate sheet.

29. Owner's details (Vehicle 2)

Full name	Telephone no. ()	
Address		
Postcode		
Owner's insurance company		
Make, model & body type	Registration number	Year of manufacture

33. Did the police or fire brigade attend the accident?

No Yes Police OR Fire Brigade

Officer's name

Name of station

34. Was the accident reported to a police station?

No Yes Officer's name

Name of station

Date reported

35. Was either driver asked to take a blood / Breathalyser test?

No Yes Insured driver the result %

Other driver the result %

36. Was either driver charged with an offence or offences or advised that charges may be laid?

No Yes Insured driver and the offence(s)

Other driver and the offence(s)

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.

I consent to TAG Insurance Brokers and the holding Underwriter for my Insurance, using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, TAG Insurance Brokers or the holding Underwriter may not be able to process my claim.

* I consent to TAG Insurance Brokers and the holding Underwriter for my insurance, disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to TAG Insurance Brokers and the holding Underwriter for my insurance also disclosing my personal information to and /or collecting additional information about me, from investigators or legal advisers.

**Signature of insured or person with authority to sign
For and on behalf of a company or partnership**

Date

Please indicate the number of additional pages attached to this claim report

When complete, please forward the report to:
TAG Insurance Brokers Pty Ltd
487 South Rd Bentleigh 3204
Telephone: 03 9555 0544 Fax: 03 9555 9499
Email: enquire@taginsurance.com.au