

Heavy Vehicle Insurance claim form

Claim Number _____

Insured Details

Name of insured _____

Contact person _____

Home phone no _____

Work phone no _____

Mobile no _____

Email _____

Address _____

Postcode _____

Occupation _____

Broker/Agent _____

Phone no _____

Policy no _____

Excess \$ _____

Inception date ____/____/____

Expiry date ____/____/____

Interested Parties

Is the Vehicle being claimed for under a Financial Agreement? Yes No

Financier name _____

Contract no _____

Agreement type _____

Commencement date ____/____/____

GST

Are you registered for GST purposes? Yes No

ABN _____

To what extent are you entitled to claim an Input Tax Credit on the GST for this Policy?

To what extent are you entitled to claim an Input Tax Credit on the GST for this Vehicle?

Vehicle Details

Year _____

Make _____

Model _____

Body type _____

Registration no _____

VIN/Engine no _____

Chassis no _____

Has the Vehicle been modified in any way? Yes No

If yes, please give details below

Modification details _____

Value \$ _____

Detail additional accessories _____

Value \$ _____

Who is the registered owner of the Vehicle? _____

Trailer Details

Year _____

Make _____

Registration no _____

Type: Flat top Tipper Van Other

If other, please provide details _____

Serial/Chassis no _____

Tare Weight _____ kg

Load Weight _____ kg

What was the Vehicle carrying at the time? _____

Who is the trailer owner? _____

Is the trailer financed? Yes No

Financier name _____

Contract no _____

If a second trailer involved, Please attach separate details.

Driver Details (if Vehicle was stolen, include details of last driver)

Driver's name _____

Address _____

Postcode _____

Date of Birth ____/____/____

Licence no _____

Class _____

Years held _____

Expiry date ____/____/____

Was the Vehicle being used with the Insured's consent? Yes No

If Yes, reason for use? (business, private, etc) _____

Driver's relationship to Insured? _____

How often does the driver use this Vehicle in a year? _____

Did the Driver consume any alcohol or drugs during the 12 hours before the Accident? Yes No

Quantity _____

Was the Driver tested by the Police for alcohol or drugs? Yes No

Result _____

Does the driver hold motor insurance on any other Vehicle? Yes No

If yes, please give details below

Theft or Accident Details

Date of occurrence ____/____/____

Time of loss _____ am/pm

Location _____

Postcode _____



Theft:

Describe events from time parked until discovered missing (include who made discovery and any action taken).

Diagram of accident

Please provide a sketch of the accident scene and show the Vehicle(s) with the following identification.

Symbols to use

 traffic sign	 witness
 traffic lights	 pedestrian
 your vehicle (black)	
 third party Vehicles TP1, TP2, TP3	

Example diagram for Vehicle



Check List please show

- Street names
- Distances
- Lanes/Lines markings
- Traffic signals/signs

TP1 Registration _____

TP2 Registration _____

TP3 Registration _____

Accident

Describe events before, during and after the accident (include no. of lanes, speed, parked, reversing etc.)

Road conditions: Wet Dry Sealed Unsealed

Day Dusk Night Dawn

Describe what the Vehicle was being used for at the time _____

Departure point _____

Anticipated destination _____

Distance between Departure and Destination points _____ km

Normal operating radius _____ km

Who do you believe is at fault and why? _____

Was their any admission of responsibility for the accident? Yes No

If yes, please give details below _____

Damage

Please show damages on Vehicle using diagram to assist.



Please describe the damage _____

Is the Vehicle driveable? Yes No

Was the Vehicle towed? Yes No

Who towed the Vehicle? _____

Where can your Vehicle be inspected _____

Please attach any quotes that have been obtained.

Theft

Where was Vehicle stolen from? _____

Was the Vehicle locked? Yes No

Are there duplicate keys? Yes No

Where were the keys at the time? _____

Who has each set of keys? _____

Was the Vehicle alarmed? Yes No

Was the Vehicle fitted with an immobiliser? Yes No

If Yes, was alarm or immobiliser turned on? Yes No

If not turned on, why not? _____

Has the Vehicle been recovered? Yes No

If Yes, by whom _____

Where recovered? (if recovered, please complete Damage Section of Claim Form)

Please include details of Last Person in Charge of Vehicle or Last Driver in Driver's Section of Claim Form

Police

Were the Police notified?

Yes Name of Officer _____

Police station _____

Police Report no _____

Date _____

No Reason _____

Did the Police attend the scene? Yes No

Were any charges laid or indications made of further action? Yes No

Give details (who and what) _____

Witnesses

Were there any witness to the event? Yes No

(if Yes, please complete the following)

Name _____

Address _____

Postcode _____

Telephone no _____

Where was the Witness when the accident occurred? _____

Second Witness

Name _____

Address _____

Postcode _____

Telephone no _____

Where was the Witness when the accident occurred? _____

Third Party Details

(please complete if any other Vehicles were involved or other property damaged)

Year _____

Make _____

Model _____

Body type _____

Registration no _____

Colour _____

Owner's name _____

Address _____

Postcode _____

Home phone no _____

Work phone no _____

Mobile no _____

Driver's name _____

Address _____

Postcode _____

Home phone no _____

Work phone no _____

Mobile no _____

Describe the damage to other Vehicle or property _____

Name of other party's insurance company _____

Policy no _____

If you have received any demands or notices from anyone please submit with this Claim Form.

History

Have you or the Driver had any insurance or renewal of insurance declined or cancelled or special conditions imposed in the last 5 years? Yes No

Have you or the Driver had an accident or made a claim on a motor Vehicle insurance policy in the last 5 years? Yes No

Have you or the Driver been convicted of or had any fines or penalties imposed for any driving offence (such as speeding, disobey traffic lights etc) in the last 5 years? Yes No

Have you or the Driver been convicted of or had any fines or penalties imposed for any criminal offence? Yes No

If Yes to any History Questions, please give details

Privacy

The personal and sensitive information collected in this form and other information you or third parties provide in connection with this claim will be used to process this claim, compile and analyse data, and resolve claim disputes. If you do not provide this information to us we may not be able to process this claim.

We may have to disclose your personal and other information to third parties who assist us in assessing and processing this claim, including other insurers, health service providers, investigators, our specialist advisors, our service providers or as required by law.

You have the right to seek access to your personal information and to correct it at any time. For information about how you may access and request correction of personal information we hold about you, or complain about a breach of the Australian Privacy Principles, please see our privacy policy available at www.allianz.com.au or contact us on 1300 360 529 EST 9am–5pm, Monday–Friday.

IDR Statement

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

Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

I/We acknowledge that I/we have read and understood the Privacy Act 1988 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, with their approval. I/we acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Allianz will be unable to process my/our claim.

Signed by Insured _____

Date ____/____/____

Signed by Driver _____

Date ____/____/____