

MOTOR CLAIM FORM

The supply or acceptance of this form is not an admission of liability on the part of Allianz.

* Denotes required field

Policy Details

Policy holder details

Policy number * _____ (example 12-3456789-DVC)

Title * _____ First name * _____ Last name * _____ Company Name * _____

Unit number _____ Street number * _____ Street name * _____

Suburb * _____ State * _____ Postcode * _____

What is your preferred method of contact? * _____

Email address * _____ Phone number * _____

Alternate phone number _____

Policy holder GST details

Are you registered for GST? * Yes No

If yes, what is your Australian Business Number (ABN) * _____

To what extent are you entitled to claim an input tax credit on the GST for this Policy? * _____

EFT Details

Account name _____

BSB _____ Account number _____

Incident Details

Date the incident occurred * ____ / ____ / ____ (dd/mm/yyyy) Approximately what time did the incident occur? * ____ : ____ AM / PM

Please tell us what happened providing as much detail as possible

Where did the incident occur?

Street name * _____ Nearest cross Street _____

Suburb * _____ State * _____ Postcode * _____

Your details

Are you our Policy holder? * Yes No

If no, what is your relationship to our Policy holder? * _____

Title * _____ First Name * _____ Last Name * _____

Email address * _____ Phone Number * _____ (include area code)

****If you have selected *Other*, why are you and not our Policy holder reporting the claim? ***

Were there any witnesses to the incident? * Yes No

If Yes:

Witness 1

Title * _____ First Name * _____ Last Name * _____
Unit Number _____ Street Number _____ Street Name _____
Suburb _____ State _____ Postcode _____
Phone Number * _____ (include area code) Email _____

Witness 2

Title * _____ First Name * _____ Last Name * _____
Unit Number _____ Street Number _____ Street Name _____
Suburb _____ State _____ Postcode _____
Phone Number * _____ (include area code) Email _____

Was any person injured in the accident? * Yes No

Has a police report been made? * Yes No

If Yes:

Police report number _____ Date reported to police ____ / ____ / ____ (dd/mm/yyyy)

Were any charges laid or indications made for further action may be taken? * Yes No

If yes, please provide details including who and what *

Driver Details

Was our insured vehicle being driven at the time of the accident? * Yes No

If yes, was our Policy holder driving the vehicle? * Yes No

Title * _____ First Name * _____ Last Name * _____
Date of birth * ____ / ____ / ____ (dd/mm/yyyy) Phone Number * _____ (include area code)
Email * _____

What is your Australian Drivers licence number? _____

How many years have you held an Australian or overseas Drivers licence? * _____

Address Details

Unit Number _____ Street Number * _____ Street Name * _____
Suburb * _____ State * _____ Postcode * _____

As a result of the accident did the driver return a positive result to any alcohol or drugs in their system? * Yes No

If yes, please provide details *

Vehicle Details

Vehicle registration number * _____

Vehicle type * _____

Year * _____ Make * _____

Model * _____

Vehicle damage

Click on the appropriate boxes to advise where your car was damaged

Side - Left

Side - Right

Front

Back



- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> No panels damaged | <input type="checkbox"/> All panels damaged | <input type="checkbox"/> Passenger side | <input type="checkbox"/> Passenger rear | <input type="checkbox"/> Passenger front |
| <input type="checkbox"/> Driver side | <input type="checkbox"/> Driver rear | <input type="checkbox"/> Driver front | <input type="checkbox"/> Rear end | <input type="checkbox"/> Front end |
| <input type="checkbox"/> Bonnet | <input type="checkbox"/> Roof | <input type="checkbox"/> Interior | <input type="checkbox"/> Undercarriage | <input type="checkbox"/> Engine |
| <input type="checkbox"/> Burnt | <input type="checkbox"/> Stripped | <input type="checkbox"/> Signwriting / Wrapping | <input type="checkbox"/> Windscreen / window glass | |

Was the vehicle towed? * Yes No

If yes, where is the vehicle now? *

As a result of the impact were any of the airbags deployed? * Yes No

At the time of impact was the vehicle travelling more than 40 kilometres per hour? * Yes No

Other Persons

Was another person's vehicle involved in this incident? * Yes No

Was another person's property (not a vehicle) damaged in this incident? * Yes No

If yes, please complete the details of this person if you have them available

Other person 1

Title _____ First Name _____ Last Name _____

Company Name _____ (If the vehicle is owned by a company)

Unit Number _____ Street Number _____ Street Name _____

Suburb _____ State _____ Postcode _____

Phone Number _____ (include area code) Email _____

Other person's insurance company _____ Other person's insurance policy number _____

Other person's insurance claim number _____ Other person's licence number _____

Other person's vehicle details

Vehicle registration number _____ Vehicle type * _____

Year _____ Make _____ Model _____

Click on the appropriate boxes beside the image to show us where their car was damaged

Side - Left

Side - Right

Front

Back



- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> No panels damaged | <input type="checkbox"/> All panels damaged | <input type="checkbox"/> Passenger side | <input type="checkbox"/> Passenger rear | <input type="checkbox"/> Passenger front |
| <input type="checkbox"/> Driver side | <input type="checkbox"/> Driver rear | <input type="checkbox"/> Driver front | <input type="checkbox"/> Rear end | <input type="checkbox"/> Front end |
| <input type="checkbox"/> Bonnet | <input type="checkbox"/> Roof | <input type="checkbox"/> Interior | <input type="checkbox"/> Undercarriage | <input type="checkbox"/> Engine |
| <input type="checkbox"/> Burnt | <input type="checkbox"/> Stripped | <input type="checkbox"/> Signwriting / Wrapping | <input type="checkbox"/> Windscreen / window glass | |

Other person 2

Title _____ First Name _____ Last Name _____
Company Name _____ (If the vehicle was owned by a company)
Unit Number _____ Street Number _____ Street Name _____
Suburb _____ State _____ Postcode _____
Phone Number _____ (include area code) Email _____
Other person's insurance company _____ Other person's insurance policy number _____
Other person's insurance claim number _____ Other person's licence number _____

Other person's vehicle details

Vehicle registration number _____ Vehicle type* _____
Year _____ Make _____ Model _____

Click on the appropriate boxes beside the image to show us where their car was damaged



- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> No panels damaged | <input type="checkbox"/> All panels damaged | <input type="checkbox"/> Passenger side | <input type="checkbox"/> Passenger rear | <input type="checkbox"/> Passenger front |
| <input type="checkbox"/> Driver side | <input type="checkbox"/> Driver rear | <input type="checkbox"/> Driver front | <input type="checkbox"/> Rear end | <input type="checkbox"/> Front end |
| <input type="checkbox"/> Bonnet | <input type="checkbox"/> Roof | <input type="checkbox"/> Interior | <input type="checkbox"/> Undercarriage | <input type="checkbox"/> Engine |
| <input type="checkbox"/> Burnt | <input type="checkbox"/> Stripped | <input type="checkbox"/> Signwriting / Wrapping | <input type="checkbox"/> Windscreen / window glass | |

Disclosure

In the past 3 years has the Policy holder or the driver in this incident:

- Had a driver's licence cancelled, disqualified or suspended? * Yes No
If yes, was the driver's licence cancelled, disqualified or suspended as a result of fine defaults? * Yes No
- Been convicted or had any fines or penalties imposed for any alcohol related driving offences or crime involving drugs, dishonesty, arson, theft, fraud or violence against any person or property? * Yes No

In the past 5 years has the driver in this incident:

- Had an insurance policy declined or cancelled or had any conditions imposed on an insurance policy? * Yes No

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.

Telephone Call Recording

We may record incoming and/or outgoing telephone calls for training or verification purposes. Where we have recorded a telephone call, we can provide you with a copy at your request, where it is reasonable to do so.

Declaration

I certify that:

1. I am authorised to submit this claim as:
 - the insured person,
 - a broker who has been appointed as the agent of the insured person,
 - a fleet manager or custodian of a fleet vehicle,
 - an authorised representative of the insured person or an insured company, or
 - a nominated driver on a policy;
2. I am authorised to provide this information to you for the purpose of making this claim; and
3. To the best of my knowledge, the information given in this form is truthful, accurate and complete. I understand that this claim may be refused if the information I have provided is untrue, inaccurate or incomplete

Signature of Insured _____

Date ____ / ____ / ____

Position held _____

Signature of Driver _____

Date ____ / ____ / ____