MOTOR VEHICLE CLAIM FORM



PSC McKenna Hampton Insurance Brokers

AR 422168 ABN 67 154 828 332

Kandahar House Level 1, 41 – 43 Ord Street West Perth WA 6005

T 08 6142 0000 F 08 6142 0099 Einfo@mcham.com.au

The Issue of this Form is not an Admission of Liability by Insurer

Policy #: Claim #:

We understand the difficulties arising from your accident. Please complete and return this claim form as soon as possible, so that your claim will receive prompt consideration by the Insurers.

PLEASE NOTE

- 1. If your vehicle can be safely driven, a quotation for its repair should be faxed/returned with this claim form.
- 2. Repairs must not be authorised without Insurer's approval.
- 3. Licence / permit / registration of the driver (or a photocopy of both sides) should accompany this form (enlarged if possible).
- 4. If anyone holds you responsible for damage to their vehicle or property, insist their claim be in writing and include two quotations for repairs, which should accompany this form. Do not admit Liability.
- Insurers / Assessor may suggest a guaranteed repairer supply a quote if needed.

| The Insured Surname: | |
|----------------------|--------------------|
| Other Names: | |
| Title: | Mr Mrs Miss Ms Ms |
| Address: | |
| Postcode: | |
| Occupation: | |
| Phone Private: | Business: |
| Fax No.: | Mobile: |

| Email Address: * | |
|--|---------------------------------------|
| Contact Name: | |
| Are you registered for GST? | Yes No |
| If YES, what is your ABN? | |
| Have you claimed an input tax credit on the GST amount applicable to this policy? | Yes No |
| If Yes, is the amount claimed less than 100% of the GST applicable to the premium? | Yes No |
| If Yes, specify amount claimed: (percentage) | |
| Are you entitled to claim an input tax credit for the repairs or replacement of the vehicle? | Yes No |
| If Yes, is the amount claimable less than 100% | Yes No |
| Specify amount claimed: (percentage) | |
| The Insured Vehicle | |
| Year: | |
| Make: | |
| Model: | |
| Type of body: | |
| Engine No.: | |
| Registration No.: | |
| No of Cylinders: | |
| Transmission: | Manual |
| Color: | |
| Carrying capacity: | |
| Tonnes: | |
| What accessories were fitted to | |
| the vehicle? | |
| Did you improve/modify the | Yes A No |
| vehicle in any way? | Yes No |
| If yes, specify, indicating improvements/modifications together with costs | |
| For what purpose was the vehicle being used at the time of the accident? | Private Business Trade Other |
| If Other, please specify: | |
| Name of registered owner of vehicle: | |
| Name of Finance Co. (If under hire purchase or lease): Contract No.: | |
| | |
| Has the insured ever made a claim under a motor vehicle policy or been convicted of any offence arising from the use of a motor vehicle? | Yes No |

| If Yes, give details: | |
|---|--------------------|
| The Driver | |
| Surname: | |
| Other names: | |
| Title: | Mr Mrs Miss Ms Ms |
| Driver's Address: | |
| Postcode: | |
| Telephone No. Private: | Business: |
| Licence No.: | |
| State of issue: | |
| Expiry date: | (dd/mm/yyyy) |
| Date of Birth: | (dd/mm/yyyy) |
| Year licensed: | |
| Occupation: | |
| Relationship to insured (Spouse, Employee, Friend, etc): | |
| Was the vehicle being used with insured's knowledge and consent? | Yes No |
| Approximately how frequently in a period of a year does the driver drive this vehicle? | |
| Does the driver hold motor insurance on any other vehicle? | Yes No |
| Had the driver consumed any intoxicating liquor or taken any drugs during 12 hours prior to accident? | Yes No |
| If so give particulars: | |
| Did the driver undergo a breath analysis test? If Yes, advise result of test: | Yes No |
| Did the driver undergo a blood test and/or drug test? If Yes, advise result of test: | Yes No |
| Has the driver within the last five years had any insurance or renewal of insurance declined or cancelled or special conditions imposed? If Yes, give details: | Yes No |
| 1. 163, give detuils. | |
| Has the driver within the last five years had an accident, fire or theft involving a motor vehicle and/or made a motor claim against any insurer? | Yes No |

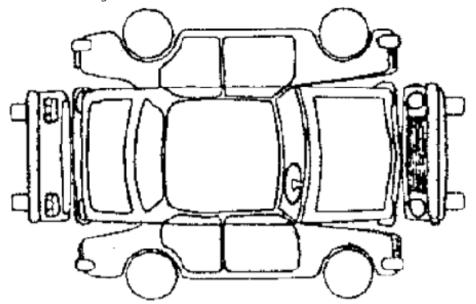
If Yes, give details:

| Date of loss (Th | Type of Claim neft, Collision, etc) | Amount of Loss | Insurance Company | |
|---|--|----------------|----------------------|--|
| (dd/mm/yyyy) | , , | | | |
| (dd/mm/yyyy) | | | | |
| (dd/mm/yyyy) | | | | |
| | | J | | |
| Attach separate sheet if insu | ıfficient room | | | |
| The Accident Date of accident: | | | | |
| Time: | ((| dd/mm/yyyy) | | |
| (AM/PM) | | | | |
| Day: | | | | |
| Place of accident | | | | |
| Street: | | | | |
| Town/Suburb: | , | | | |
| State: | ' | | | |
| Name of nearest cross stree | t: | | | |
| Brief description of accident | : ' | | | |
| | | | | |
| | | | | |
| Estimate speed of your vehi time of impact: (Km/H) | cle at | | | |
| Estimate speed of other veh at time of impact (Km/H) | icle | | | |
| Was horn on your vehicle sounded or other warning gi | Yes 🗍 | No | | |
| On what side of the road wa | | | | |
| your vehicle travelling? | <u> </u> | | | |
| What were the weather conditions? | | | | |
| How many lanes? | | | | |
| Which lane were you travell | ing | | | |
| in? What was the condition of th | , | | | |
| roadway (Sealed, rough, or otherwise?) | | | | |
| Who do you consider respon | sible | | | |
| for accident? Give reasons: | , | | | |
| Give reasons. | | | | |
| Did aith an acada a day 9, 10, 1, 90 | | | | |
| Did either party admit liabili make any offer of payment? | Ly or | | | |
| Which vehicles were towed the scene? | from | | | |
| | | | | |
| The Other Vehicle | | | | |
| Owners name: | | | | |
| Address: | | | | |
| | | | | |
| Postcode: | | | | |
| Drivers name: | | | ĺ | |

| Address: | |
|--|---------------------------|
| Postcode: | |
| Driver's Approx age: | |
| Licence No.: | |
| Phone No.: | |
| Name of insurer of other vehicle: | |
| Reg No.: | |
| Make/Model of vehicle: | |
| Year: | |
| Policy No.: | |
| Color: | |
| Give particulars of damage to Third Party (A) vehicle: | |
| (B) Fixed property: | |
| Has any demand for this damage been made against you? | Yes No |
| Note: If any other vehicles involved | d, please attach details. |
| Please attach any demands. | |
| Witnesss Name Addresses and Telephone numbers of witnesses in insured vehicle | |
| Names, Address and Telephone numbers of independent witnesses: | |
| Police | |
| Did a police officer attend the accident? | Yes No |
| If No, state time and date reported to police station: | |
| Name of police officer: | |
| Police station: | |
| Did police lay any charges against either driver or intimate action may be taken? | Yes No |
| Name of driver charged: | |
| Nature of charge: | |
| Damage to insured vehicle Was the insured vehicle damaged? | Yes No |
| Where can the vehicle be inspected? | |
| Have you obtained a quotation for repairs? | Yes No |
| Amount: | \$ |

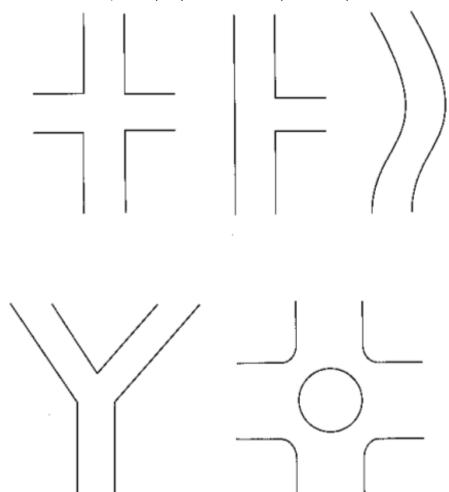
| Please forward quotation with this f | form. | |
|--------------------------------------|-------|---|
| Name of repairer: | | |
| Address: | | ' |
| | | |
| | | |
| Postcode: | | |
| Telephone No.: | | |
| Fax No.: | | |

Shade in damage to insured vehicle related to this accident.



Sketch Plan of Accident

Please complete the plan design applicable to the accident. If necessary, alter the design to suit a particular scene. Indicate centre of roadway, direction and location of vehicles, and location and nature of traffic control signs. Insured's vehicle, other party's vehicle Mark point of impact with 'X'.



To avoid unnecessary delay in processing your claim, it is important that you attach documentation to support :

- Ownership of all property claimed, eg. Original invoices, owners manuals, photos, receipts, etc...
- The repair / replacement of your loss. Eg. Original invoices, receipts, etc... by trade suppliers / repairers itemising the precise nature of their quotation or work under taken eg. Size, model, type, age, hours, cost of labour, parts, prices...

| Attachment: Attach any suplementary information here | Browse |
|--|--------|
| information nere | |

* Indicates a mandatory field.

Submit

Privacy

We are committed to protecting your privacy and confidentiality in accordance with the Privacy Act 1988 (Cth) including the Privacy Amendment (Engaging privacy Protection) Act 2012 and Australian Privacy Principles (APPs). This policy outlines our practices for collecting and handling personal information. By asking us to provide you with our financial services, you consent to the collection and use of the information you have provided to us for the purposes described below.

What information do we collect and how do we use it?

We as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

We usually collect identifying information such as your name, address, contact telephone numbers and email addresses. Depending on the product or service, we may also need to collect more specific or sensitive information, which may include (but is not limited to) your insurance history, health data or criminal records. We will only collect this type of information where necessary to provide our services to you and in accordance with the Privacy Act.

To enable us to administer our financial services, we collect the information needed to ensure appropriate advice to you and any information required by product suppliers. We will usually provide some or all of this information to our product suppliers, some of which may be located outside Australia.

Additionally, when a claim is made under an insurance policy, we and our representatives and those of the insurer (including investigators, medical advisers and lawyers) collect information about the claim, some of which may be personal information. We may collect the information from you or from third parties.

We provide this information to the insurer and or their agents and those appointed to assist you in making a claim. Again this information may be passed on to your underwriters and reinsurers. We may also use your personal information internally to help us improve our services and help resolve any problems.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us. If you do not agree to provide us with the information we request, we may not be able to offer you the product or services you seek.

How do we hold and protect your information?

We hold the information we collect from you in our computer system and in our hard copy files. We will endeavour to take reasonable steps to protect your personal information from misuse, loss, unauthorised access, modification or disclosure.

Will we disclose the information we collect to anyone?

When handling claims we and the insurer may have to disclose your personal and other information to third parties, including but not limited to insurers, reinsurers, loss adjusters, external claims data collectors, investigator and agents, or other parties as required by law. Your personal information will only be disclosed to these third parties where the disclosure is reasonably required to carry out our business or activities unless you have authorised otherwise (or if required by law).

These parties are prohibited from using your personal information except for the specific purpose for which we supply it to them and we take such steps as are reasonable to ensure that they are aware of the provisions of this Privacy Policy in relation to your personal information.

We may also provide your personal information to others if we are required to do so by law or under some unusual other circumstances which the Privacy Act permits.

If we do propose to disclose or use your personal information other than for the purposes listed above, we will first seek your consent prior to such disclosure or use. We do not sell, trade, or rent personal information to others.

How can you access, update or change your information?

You have the right to seek access to your personal information and to correct it at any time. Please contact customer service in writing to advise if any changes are required. We do not charge for receiving a request for access to personal information or for complying with a correction request, but reserve the right to charge for all reasonable costs incurred in meeting your request for information.

Complaints regarding your personal information

Any complaints regarding a breach of privacy should be directed to customer service via mail, email or phone. We will do all that is reasonable in the circumstances to address your complaint.

In the instance where you are dissatisfied with our response, or you have not received a response from us within 30 days, you are able to lodge a complaint with the Office of the Australian Information Commissioner (OAIC) in accordance with the Act.

Information sent overseas

In certain instances it is likely that some or all of the Personal Information that you provide to us may be disclosed to businesses that operate overseas. The countries in which these recipients of your personal information are located will depend on the types of services we provide to you and the location of other services providers.

In all such cases we commit to making reasonable enquiries to ensure that these organisations comply with their local privacy legislation. However in some instances we may not be able to take reasonable steps to ensure that overseas providers do not breach the Privacy Act, or they may not be subject to the same level of protection or obligations offered by the Act. If you do not agree to the transfer of your personal information outside Australia, please contact us.

Internal Dispute Resolution (IDR) Statement

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

Declaration (must be completed)

- 1. I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.
- 2. Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect of such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.
- 3. I/We acknowledge that I/we have read and understood the Privacy Act 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.
- 4. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

| | Date: | Signature: |
|--|-------|------------|
|--|-------|------------|

How To Get Quick Action On Your Claim

- 1. Complete the attached form and return to our office. If an assessor is appointed, give them the forms.
- 2. Attach all original quotations or invoices obtained for replacement of or repair to the damaged or missing property. Photocopies are not accepted as a rule.
- 3. Attach original valuations and receipt of purchases whenever possible.
- 4. Advise the Police immediately in the event of loss by burglary, housebreaking, theft, suspected malicious damage. Also make sure the premises are secure to avoid further incidents. Note: Police reports are very slow so if you can obtain one at the time the report is taken, then this will save valuable time or at least obtain a copy or report number.
- 5. Attach any letter of demand or other correspondence that you may receive from any Third Party.
- 6. Do not make any admission of liability for loss or damage caused by you to the Third Parties.

What We Will Do - If The Paperwork is Correct and Complete

- Submit the claim form to the Insurer
- If the claim has not been paid within 30 days we will contact the Insurer and then advise you accordingly
- We will then follow up the claim when necessary until settlement is reached, however, please feel free to call at any time

What An Assessor will do:

- An assessor is an independent person who is appointed by the Insurer for their expertise in helping you finalise a larger or more difficult claim
- They will interview and obtain details of a loss and arrange for quotes and prepare the necessary paperwork
- The assessor is your contact point
- The assessor will write a report to the Insurer recommending a course of action
- This can take time depending on their work load and Police Reports
- The Insurer will not act until these reports are received and although not bound by the assessor recommendations, the Insurers usually accept these reports.
- If you are unhappy with any aspect of the claim, advise the assessor. If he is unable to correct the problem then contact us immediately. We will not know of any problem without being advised.
- If you are unhappy with the assessor's responses, contact us immediately.