

Motor Fleet Claim Form.

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

Claim Number

Name of insured: _____
 Contact person _____
 Position held _____
 Phone No. _____ Fax No. _____ Mobile No. _____
 Email _____
 Postal address _____

 _____ Postcode _____
 Division _____
 Division address _____
 Any Customer/Division codes/References _____
 Broker/Agent name _____ Phone No. _____
 Policy No. _____ Excess \$ _____
 Inception date _____ Expiry Date _____

Interested parties: Is the vehicle being claimed for under a financial agreement? Yes No
 Name of financier _____ Contract No. _____
 Type of agreement _____ Commencement date _____

G.S.T.: Are you registered for GST purposes? Yes No A.B.N. _____
 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)
 Detail modifications _____ Value \$ _____
 Details of additional accessories _____ Value \$ _____
 Where insured is a dealership, is vehicle declared as stock? Yes Supply copy of stock card
 No Who is the registered owner of vehicle? _____

Driver details: (include details of last driver if vehicle was stolen)
 Driver's name _____ Date of birth _____ Phone No. _____
 Driver's address _____
 _____ Postcode _____
 Licence No. _____ Class _____ Expiry _____ Years held _____
 Was the vehicle being used with the insured's consent? Yes No
 If Yes, reason for use? (Business, Private etc.) _____
 If No, please complete Theft Details
 Driver's relationship to insured? _____
 How often does this driver use the vehicle in a year? _____

Motor

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 to any of above, provide details

Accident details:

Date of occurrence

Time of loss

am/pm

Location

Postcode

Accident: Describe events before, during and after the accident (include number of lanes, speed, parked, reversing etc.)

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

Your Vehicle = IV

Third Party Vehicle(s) = TP1, TP2, TP3 (show registration numbers on the next line)

TP1 Registration No.

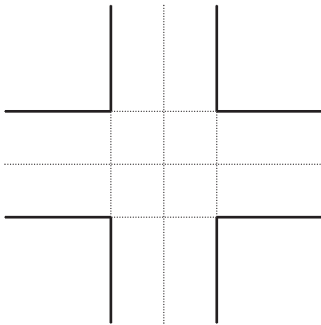
TP2 Registration No.

TP3 Registration No.

Checklist: Please show Street Names Distances Lines/Lane markings Traffic signal/Signs

Position/direction of your vehicle Position of other vehicle/property Impact point Position of witness

(freehand)



Road conditions

Wet

Dry

Sealed

Unsealed

Day

Dusk

Night

Dawn

Describe what the vehicle was being used for at the time?

Who do you believe was at fault and why?

Was there any admission of responsibility for the accident?

Yes No

If Yes, give details

Theft Details: State where vehicle was stolen from:

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

Was the vehicle locked? Yes No

Were the keys duplicated? Yes No

Where were the keys at the time?

Who has each set of keys?

Was the vehicle alarmed or fitted with an immobiliser? Yes No State which

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

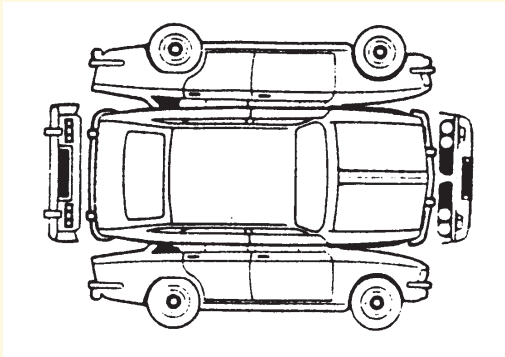
If not turned on, state reason

Has the vehicle been recovered? Yes No If Yes, by whom?

When and 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

Damage: Please show damage on vehicle using diagram to assist.



L Interior Engine Undercarriage All Over
Describe the damage,

R

Is the vehicle driveable? Yes No

If vehicle towed, state by whom

Where can your vehicle be inspected?

Please attach any quotes that have been obtained

Police: Please state below whether the police were notified.

No State reason

Yes Name of officer

Police station

Police Report No.

Date

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 witnesses to the event? Yes No (If yes, please complete the following)

Name

Telephone No.

Address

Postcode

Where was the witness?

Second witness:

Name

Telephone No.

Address

Postcode

Where was the witness?

Third Party Details: *(Please complete the following if any other vehicles were involved or other property damaged).*

Vehicle	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 claim form.

Privacy: The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters,

external claims data collectors, investigators and agents or other parties as required by law.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 360 529 EST 9am-5pm, Monday-Friday and advise us of the changes.

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.

Signature of Insured		Date	
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Position Held	
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Signature of Driver		Date	
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