

# Transport

## Motor Vehicle Accident Claim Form



### IMPORTANT NOTICES

#### Please send your completed Claim Form to

Pen Underwriting  
Transport Claims  
GPO Box 541  
Brisbane QLD 4001

[claims.au@penunderwriting.com](mailto:claims.au@penunderwriting.com)

#### Privacy

Pen Underwriting handles your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about you to provide you with insurance and insurance related services. We may disclose your personal information to third parties for the purposes described in our Privacy Policy, including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United States of America, United Kingdom and India. By asking us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure (including overseas disclosure) of your personal information for the purposes described in our Privacy Policy. Where you provide personal information about others, you represent to us that you have made them aware of that disclosure and of our Privacy Policy and that you have obtained their consent. If you do not consent to provide us with the personal information that we request, or withdraw your consent to the use and disclosure of your personal information at any stage, we may not be able to offer you the products or provide the services that you seek. For information about how to access and or correct the personal information we hold about you or if you have any concerns or complaints, ask us for a copy of our Privacy Policy or visit [www.penunderwriting.com.au](http://www.penunderwriting.com.au)

#### Complaints Handling

Any enquiry or complaint relating to this insurance should be referred to Pen Underwriting in the first instance. If you are dissatisfied with a decision Pen Underwriting makes, our service, the service of others we appoint to discuss insurance matters with you, or a claim settlement, we have an internal dispute resolution process to assist you.

If Pen Underwriting are unable to resolve the matter or you are not satisfied with the way a complaint has been dealt with, you should write to:

Lloyd's Australia Limited  
Level 9, 1 O'Connell St  
Sydney NSW 2000  
Telephone: (02) 8298 0783  
Facsimile: (02) 8298 0788  
Email: [ldraustralia@lloyds.com](mailto:ldraustralia@lloyds.com)

If your dispute remains unresolved you may be referred to the Financial Ombudsman Service Limited under the terms of the General Insurance Code of Practice. For other disputes you will be referred to other proceedings for resolution. Details are available from Lloyd's Underwriters' General Representative in Australia at the address above. For further information, ask for a copy of our Complaints and Disputes Resolution Policy or visit [www.penunderwriting.com.au](http://www.penunderwriting.com.au)

Pen Underwriting Pty Ltd ABN 89 113 929 516 AFSL 290518  
[www.penunderwriting.com.au](http://www.penunderwriting.com.au)

Sydney  
Brisbane  
Melbourne

Level 19, 347 Kent Street, Sydney NSW 2000  
Level 9, 60 Edward Street, Brisbane QLD 4000  
Level 3, 333 Collins Street, Melbourne VIC 3000

02 9323 5000  
07 3056 1400  
03 9810 0600

# Transport Motor Vehicle Accident Claim Form



## INSTRUCTIONS

Please read this Claim Form fully prior to answering the questions.

- Please refer to the Product Disclosure Statement and Policy for details of coverage and general conditions applicable to claims.
- Please ensure that this Claim Form is completed for all Sections of the Policy which apply to your claim. Any question left unanswered or answered in an incomplete way may delay the processing of your claim.
- If there is insufficient space provided to fully answer questions, please attach further information on your letterhead.
- Please attach all supporting documentation.
- The acceptance of this Claim Form does not constitute an admission of liability by us or a waiver of our rights.

**Policy Number:** .....

**Claim Number:** (if known): .....

**Type of claim:**  Accidental Damage  Fire  Theft  Death or injury  Other – Please specify: .....

### 1. Particulars of Insured

- (i) Name(s) of Insured: .....
- (ii) For claim settlement purposes (in accordance with GST Legislation) please advise your:
  - (a) Registered Business Name for this policy: .....
  - (b) ABN Number: .....
  - (c) Input Tax Credit entitlement: ..... %
- (iii) Address of Insured: .....
- (iv) Contact Person /name: .....
- (v) Telephone: Day: ..... Night: ..... Mobile: .....
- (vi) In whose name is the vehicle registered? .....
- (vii) Is there a Finance/Leasing Company involved?  Yes  No  
If **Yes**, please advise
  - (a) Name: .....
  - (b) Address: .....
  - (c) Vehicle of their interest: .....
- (x) Has a previous Insurer ever declined or cancelled insurance or refused to renew insurance or imposed special terms on the cover provided for this Insured or any previous Insured entity of which you were a Director, owner or had control or influence over:  Yes  No  
If **Yes**, please provide details: .....  
.....  
.....  
.....

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## 2. Driver Details

- (i) Driver Name: .....  
 Telephone: Day:..... Night: ..... Mobile: .....
- (ii) Date of Birth: .....
- (iii) Address: .....
- (iv) Are you the permanent / regular driver?  Yes  No
- (v) Driver's Licence No: .....
- (vi) State of Issue: ..... Expiry date: .....
- (vii) Classes held: .....
- (viii) How many years have you been licensed to drive this type of vehicle? .....
- (ix) The driver's relationship to the Insured is:  Permanent  Casual  Employee  Contract driver
- (x) Was the owner's consent given for this driver to be in charge of this Vehicle/s?  Yes  No
- (xi) Did the driver:
- (a) consume any intoxicating liquor or drugs during the 12 hours prior to the accident?  Yes  No
- (b) have a drug or alcohol blood, breath or urine test after the accident?  Yes  No
- If **Yes**, what were the results? .....
- (xii) Has the driver been involved in any other motor vehicle accident during the last five (5) years?  Yes  No
- If **Yes**, please provide details: .....
- .....

## 3. Insured Vehicle Details

Prime Mover / Rigid or other main vehicles			
Make		Model / Series	
Year of Manufacture		Registration Number	
Type of Body			
Engine Number			
Engine output in BHP:			
Usage – Total Hours or KM Travelled			
Engine type / make			

At the time of the accident, was the vehicle:

- (a) Let on Hire  Yes  No
- (b) Being used to carry fare-paying passengers?  Yes  No

Trailer A			
Trailer Type/s			
Chassis / VIN No		Manufacturer Brand	
Year of Manufacture		Registration Number	

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Trailer B			
Trailer Type/s			
Chassis / VIN No		Manufacturer Brand	
Year of Manufacture		Registration Number	

(i) Load carried at the time of accident: .....

**Attach copies of manifest for load and weight dockets.**

(ii) State GVM at time of accident: .....

**Attach copies of permits if over dimensional.**

(iii) Has the Prime mover or Rigid Vehicle or trailers or engine been modified in any way?  Yes  No

If **Yes**, please provide details: .....

.....  
.....

#### 4. The Accident

(i) Street / Nearest Town: .....

(ii) Suburb: .....

(iii) State: .....

(iv) Time accident occurred: ..... am/pm

(v) Date accident occurred: .....

#### 5. Driver's statement of how the accident occurred

(i) I was driving:

From: .....

To: .....

(ii) The purpose of the journey was: .....

(iii) Description of the accident: .....

(iv) Who do you think was responsible for the accident? .....

(v) What is your reason for thinking so? .....

.....

#### 6. Road surface and Conditions

(i) Was the road:  Gravel  Sealed  Other – Please specify .....

(ii) Was the road:  Level  On grade  Hill crest  Other – Please specify .....

(iii) Was it:  Wet  Dry  Muddy  Other – Please specify .....

(iv) Light Conditions:  Daylight  Darkness – Street lighted  Darkness – Street not lit

Half-light  Other – Please specify .....

(v) What Speed was the driver travelling at: .....kms / hour


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**7. Please provide a diagram of the accident**


Show positions of vehicles, persons or obstacles, if possible mark names and width of roads and any road signs.


*(Symbols for Plan)*

Street Intersection 


Curved Street 


Persons  →


Your Vehicle  →


Other Vehicle  →


(Directions of travel indicated by arrow in symbol)


Parked Vehicle 


Tram/Rail Tracks 

Stop signs 

Give way signs 

Traffic Light 

Pedestrian Crossing 

Priority Road 

**8. Details of other Vehicle and or Property damaged**

- (i) Details / type of other vehicle or property: .....
- (ii) Registration Number: .....
- (iii) State of Registration: .....
- (iv) Insurance Company of other vehicle/s or property: .....

**9. Driver or owner details for Other Vehicle involved**

If more than one other vehicle is involved, please attach a separate page with the following information for each other vehicle

- (i) Was the driver the owner of the vehicle?  Yes  No  
 If **No**, please provide the owners:
  - (a) Name : .....
  - (b) Address: .....
  - (c) Contact phone number: .....

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- (ii) Name of the driver (if different to owner): .....
- (iii) Address: .....
- (iv) Contact phone number: .....
- (v) Driver's Licence number: .....
- (vi) Did the driver of this other Vehicle have a drug/ alcohol breath test at the accident scene?  Yes  No

**10. Details of any Injured Person**

If more than one injured person, please attach a separate page with the following information for each injured person

- (i) Name: .....
- (ii) Address: .....
- (iii) Age: .....
- (iv) Contact phone number: .....
- (v) Relationship to Insured: .....
- (vi) Nature of Injuries: .....
- (vii) Was the injured person:  Occupant of your Vehicle  Occupant of other Vehicle  Other .....

**11. Damage to or Loss of Your vehicle**

- (i) Where is the vehicle now? .....
- (ii) Was the vehicle towed?  Yes  No
- (iii) Describe the extent of damage to your vehicle/s: .....

**12. Police Details**

Did the police attend the accident scene?  Yes  No

If Yes,

- (i) Please provide police officers name and station: .....
- (ii) Event Number: .....

**13. Witness details**

- (i) Name of witness:.....
- (ii) Address: .....
- (iii) Contact number: .....
- (iv) Was the witness a:  Occupant of your vehicle  Occupant of other vehicle  Pedestrian

**If more than one witness, please attach a page with this same information for each witness.**

**Please indicate if the following attachments are included with this Claim Form**

- A legible copy of the Driver's License .....  Yes
- Manifest documents of load and weight.....  Yes
- Over Dimensional Permits .....  Yes

# Transport Motor Vehicle Accident Claim Form



**Declaration:**

I/We declare that:

- I/We have read and understood the Important Notices of this Claim Form
- The answers and information given in this Claim Form are true and correct in all respects
- I/We have read the Privacy Statement on this Claim Form and consent to the use, disclosure and obtaining of personal information about the insured for the purposes shown in the Privacy Statement
- Where I/We have provided information about another individual, that individual has been made aware of that fact and of the Privacy Statement.

**Signature/s:** ..... **Date:**.....

**Name/s:** ..... **Title:**.....