

Motor Vehicle Claim Form

We're sorry to hear you've had an accident. Our aim is to settle your claim as quickly as possible.

You can help us do this by ensuring the enclosed claim form is completed promptly and that all questions are fully answered. If insufficient space, please attach a separate statement.

To ensure that repairs are underway quickly, you should obtain a minimum of two quotes from repairers, one of whom we recommend. A list of recommended repairers closest to you is available from us.

The quotations together with the completed claim form should be forwarded to us as soon as possible and we will arrange for our assessor to inspect the damage. Provided the policy and claim form are in order, repair work will be authorised without delay.

The information provided below may answer some of the questions which could arise following your claim:

The excess must be paid to the repairer when you collect your car unless prior arrangements have been made with us. This must be paid even if you were not at fault. If the accident was clearly someone else's fault, we will take recovery action against the person responsible for the accident and will include the amount of your excess. In the case of third party only cover, the excess must be paid to your Insurer at the time of submitting your claim.

Your no claim discount will not be affected provided you are able to prove that some person other than you or the driver of the insured vehicle was totally responsible for the accident and you are able to advise us of the name and address of that person.

If the other party involved in the accident has stated that you are being held responsible for the damage to the other vehicle or property, you should indicate that you will be lodging a claim with us and that any demands for compensation will be handled by your Insurer. Do not admit liability or make any offers or promises of payment without our consent.

If you receive a letter of demand and a quotation and/or account for the repairs to another person's vehicle or property, you must send this correspondence to us immediately. Any delays could result in additional costs.

Even if you feel you were not responsible for the accident, do not ignore letters of demand from the other party. Any correspondence from the other party should be forwarded to us. If you fail to act on the other party's letter of demand, it may result in a summons being served on you. If this happens, you must contact us immediately.

If you feel the repairs to your vehicle are unsatisfactory, you should discuss the problem with the repairer. If you are unable to reach agreement, then contact us.

If you have any problems during the period of your claim, please contact us and quote your claim number if you know it. We assure you of prompt attention to any queries you may have.

Your Privacy

The Privacy Act 1988 requires us to make the following disclosure before collecting personal information about you:

We collect personal information in order to provide our broking services including assistance with insurance claims. We will ask you to supply personal information on this form so we can assist you to submit your insurance claim and have it considered by the insurer. We will disclose this information to the insurer for this purpose.

If the personal information is not provided, the insurer may not be able to assess and pay the claim and we may not be able to assist with your claim.

We and the insurer may disclose the personal information to other people involved in reviewing the claim, including reinsurers, other insurance intermediaries, the insurer's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process.

Your information will be disclosed to organisations overseas if your policy is underwritten by an overseas insurer. If your insurer is overseas, information about where the insurer is located is set out below:

By signing this form, you consent to us and the parties mentioned above collecting, using and disclosing personal and sensitive information about you for the purposes described above. You understand that any personal and sensitive information disclosed to organisations located overseas may not be protected in the same way as it is in Australia. Even though we have no control over how the information will be used and disclosed, you consent to us disclosing your personal and sensitive information to those overseas organisations for the purposes described above.

Further information about how to access the personal information we hold about you, have it updated or corrected or how to make a complaint about how your personal information is in our Privacy Policy on our website:

www.surewise.com.au

Contact us

You can contact our Privacy Officer using the details below:

Privacy Officer 1st Floor 50 Hindmarsh
Square Adelaide SA 5000
PO Box 6095 Halifax Street
Adelaide SA 5000

Phone 08 8413 6300
Facsimile 08 8211 9838
claims@surewise.com.au

1. Details of Policyholder

Full Name

Occupation or Trade

Address

Telephone (A/H)

Telephone (B/H)

Email Address

Insurer

Policy Number

Expiry Date

Account Manager

Client Code

For what purpose was the vehicle being used?

Business**Private**

2. Insured Vehicle

Make & Model

Body Type

Year of manufacture

Registration No.

Engine No.

V.I.N No.

Expiry Date of Registration

Name of Finance Co. (if applicable)

Address of Finance Co. (if applicable)

Have there been any engine, body or transmission modifications from the manufacturer's original specifications or any accessories added?

If yes, please give details:

Yes**No**

3. Driver (Please complete these details in respect of the person in charge of the vehicle at the time of the accident)

Full Name

Occupation /
Contact No:

Address

Sex

Date of Birth

Male**Female**

Drivers License No.

Class of license

State of issue

How long has the driver held a motor vehicle drivers license?

Expiry Date of License

years

months

Was the vehicle being used with the full knowledge and consent of the policyholder?

Yes

No

What is the relationship of the Driver to the Policyholder?

Self

Relative

Employee

Friend

Other

If Other, please describe:

Have you (the Policyholder) or the driver of the vehicle at the time of the accident:

- | | | | |
|------|---|-----|----|
| i. | been involved in any previous motor vehicle accident in the last 5 years? | Yes | No |
| ii. | been charged with any offence in relation to the use of a motor vehicle in the last 5 years? | Yes | No |
| iii. | had any insurance declined or cancelled, been refused renewal of an insurance or had special terms imposed in the last 5 years? | Yes | No |
| iv. | had a drivers license cancelled, suspended, disqualified or committed any driving related alcohol or drug offenses in the past 5 years? | Yes | No |
| v. | committed any criminal offenses? | Yes | No |

If "Yes" to any of the above, please give details below:

Name	Date	Particulars (eg. name of insurance company, details of charges etc)
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Was the driver under the influence of any drug or alcohol at the time of the accident?

Yes

No

Please state what drugs or how much alcohol was consumed by the driver in the 12 hours prior to the accident

Did the driver undergo a breath test?

Yes

No

If Yes, what was the reading?

4. Accident Date

Date of accident

Time of accident

5. Description of Accident

Name of street where accident occurred

Suburb, Town, City

If at an intersection, names of intersecting streets

State clearly and fully how the accident occurred (if insufficient space, attach a separate statement)

Was the street wet?

Yes No









Did the other party admit liability?

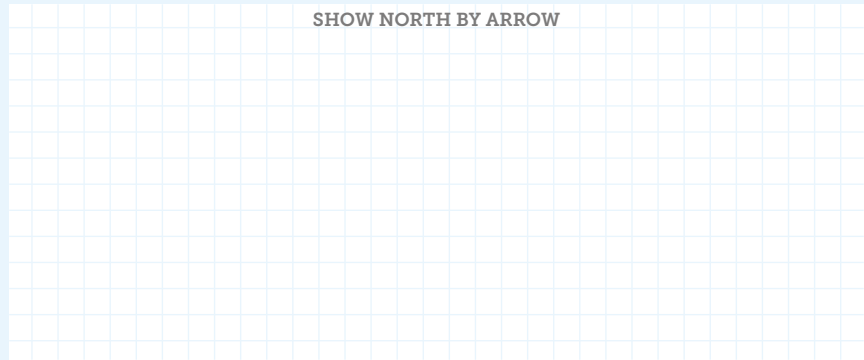
Yes No

If Yes, please give details:

Please draw sketch showing position of all vehicles and pedestrians at the time of the accident. Show also position of all traffic lights, signs and pedestrian crossings.

SYMBOLS

-  Street Intersection
-  Curved Street
-  Your Vehicle
-  Other Vehicle
-  Pedestrians
-  Stop Sign
-  Give Way Sign
-  Traffic Lights



Did the driver suffer any injury?

Yes No

If Yes, was medical attention re-quired?

Yes No

If Yes, state name and address of doctor or hospital:

Was there damage sustained to the insured vehicle?

Yes No

Please indicate Insured Vehicle's speed immediately prior to accident

Stationery Under 30 km/h 30-60 km/h 60-80 km/h 80-100 km/h Over 100 km/h

Please indicate Other Vehicle's speed immediately prior to accident

Stationery Under 30 km/h 30-60 km/h 60-80 km/h 80-100 km/h Over 100 km/h

Was the vehicle towed from scene of accident?

Yes No

If Yes, please give the name of towing contractor:

Did you authorise this towing?

Yes No

Where can the vehicle be inspected?
(If at a repairer's premises - name & address of repairer)

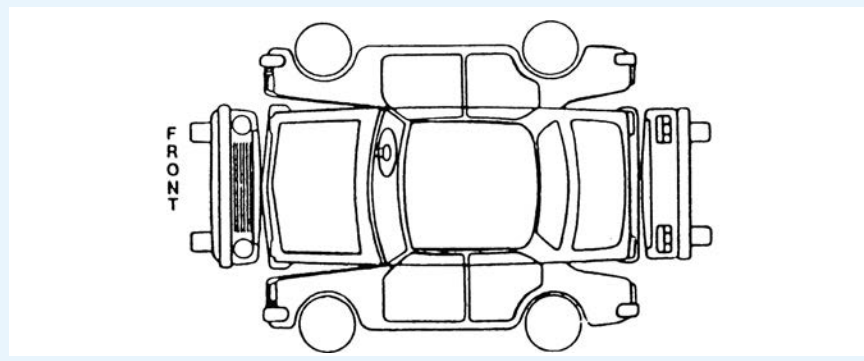
Phone

Estimated Cost of Repairs (including parts)

\$

Please indicate areas of damage to insured vehicle

Repair Quotation No



6. Police

Date reported to Police

Time reported to Police

Did the Police attend the accident?

Yes

No

If Yes, please state:

From which Police Station?

Name of Officer

Report Number

Did the Police indicate which driver was at fault?

Yes

No

If Yes, please state:

Name of driver charged or cautioned

Nature of charge or caution

7. Other Parties (Please complete this section if any other vehicles or property involved)

Number of vehicles involved

Third party insurance provider

Owners Name

Drivers Name

Address

Drivers Address

Suburb

Postcode

Suburb

Postcode

Licence Number

Age

yrs

Drivers Phone

Make and Model of Vehicle

Please give particulars of damage to other party's vehicles and/or property

Registration Number

NB: (If more than one third party involved, please provide similar particulars on a separate sheet)

8. Witnesses

Passengers in Insured Vehicle

Name 1

Name 2

Address

Address

Phone

Phone

Independent Witnesses

9. ABN Details

Are you a registered business?

Yes

No

What is your ABN number?

What percentage of GST (**if not 100%**) in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred?

10. Declaration

The information and answers given above are a true and complete statement of the facts and matters relating to the happening for which this claim is made, and no information likely to affect this claim has been withheld. I authorise my "Insurer to undertake on my behalf whatever actions are necessary to indemnify me within the terms of my policy including if necessary, removal of my vehicle to alternative premises to enable repairs to be carried out by a qualified Motor Body Repairer. I understand that this claim may be refused if information is untrue, inaccurate or concealed.

I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify Surewise in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth).

I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Driver's Signature

Policyholder's Signature

This electronic signature will be treated the same as if signed personally (*tick to sign*)

11. Bank Details