

Broker or dealer details

Company	<input type="text"/>
Name	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

Motor Vehicle claim form

Guide for completion

Please complete all sections of this form and note the following:

- 1 The completion of this form does not constitute policy acceptance by the insurer.
- 2 Failure to notify a matter immediately after the event or after you become aware of the event may enable the insurer to reduce or avoid any liability incurred.
- 3 Please ensure that you answer all questions in full and honestly. The form must be signed and dated.
- 4 If you do not believe a question is applicable, please write 'n/a'.
- 5 Original hard copy records are required by the insurer. Should you require them to be returned, please include a written request advising same. Photocopies are not acceptable for audit reasons.
- 6 All communications should be marked 'Private and Confidential'.
- 7 If anyone holds you responsible for their accident or injury, please insist that their claim must be in writing.
- 8 Do not admit liability to any claimant and do not disclose to the claimant the existence of any insurance you may have in place.
- 9 If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
- 10 Salvage remains the property of the insurer, until such time as advised otherwise by the insurer.
- 11 Any attachments will form part of this claim report and the declaration will include them.

Motor Vehicle claim form

To ensure prompt attention to your claim, please complete this form in full and leave it with your vehicle for assessment.

Note:

- Ensure the accident description is accurate and all questions on the claim form have been answered in full.
- Obtain one quotation from a repairer of your choice.
- Repairs may not be commenced without written authority from One Underwriting Pty Ltd.

Insured details (please print)

First name	<input type="text"/>	Family name	<input type="text"/>
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>
Policy number:	<input type="text"/>	Policy expiry date	<input type="text"/>

Insured vehicle details

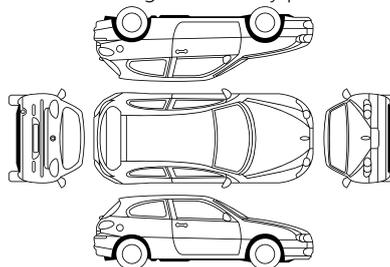
Make	<input type="text"/>	Chassis number	<input type="text"/>	Model	<input type="text"/>
Registration	<input type="text"/>	Engine number	<input type="text"/>	Year	<input type="text"/>
Registration expiry	<input type="text"/>	Speedometer reading	<input type="text"/>	Sum insured \$	<input type="text"/>

Was the vehicle being used for business or private use? Business Private

Damage sustained

Area damaged

Indicate on diagram the body panels damaged in this accident



Repairer's name	<input type="text"/>		
Repairer's address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Phone	<input type="text"/>		

Is the vehicle drivable? Yes No

Is the vehicle at repairer's? Yes No

Motor Vehicle claim form

Address vehicle towed to							
Suburb		State		Postcode			
Date of accident		Time of accident		AM	<input type="checkbox"/>	PM	<input type="checkbox"/>
Place of accident							
Road conditions	Wet <input type="checkbox"/>		Dry <input type="checkbox"/>		Daylight <input type="checkbox"/>		Dark <input type="checkbox"/>
Your vehicle	Estimated speed 100m prior to impact <input type="text"/> kph		Estimated speed on impact <input type="text"/> kph				
Was your vehicle on the correct side of the road before the collision?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Was your vehicle on the correct side of the road after the collision?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Other vehicle	Estimated speed 100m prior to impact <input type="text"/> kph		Estimated speed on impact <input type="text"/> kph				
Was their vehicle on the correct side of the road before the collision?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Was their vehicle on the correct side of the road after the collision?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			

Accident description

Plan of accident – Make an approximate plan of the scene of the accident showing the width of the roadway, positions of vehicles and persons involved and direction vehicles were traveling. If accident occurred at an intersection, show traffic lights, stops signs, pedestrian crossing, etc. Please mark insured vehicle as 'A' and other vehicles as 'B' etc. Show direction '>', eg 'A>'

Motor Vehicle claim form

Details of driver of insured vehicle

Please provide a photocopy of your drivers licence with this claim form

Name Date of birth License no

In the last 5 years prior to the inception of this policy, have you:

Had a motor vehicle stolen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details <input type="text"/>
Lost your licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details <input type="text"/>
Had any traffic offences, fines or infringements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details <input type="text"/>
Had any prior accidents and/or claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details <input type="text"/>
In the past 10 years, convicted of a criminal offense	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details <input type="text"/>

Police or traffic officer details

Did police attend accident scene? Yes No Officer's name/Station attached to

If no, was accident reported? Yes No

Was intoxicating liquor/drugs consumed by driver in 12 hours prior to accident? Yes No If yes, how much and when?

Was driver's judgement impaired Yes No Did police order any breathalyser or blood alcohol test? Yes No

Was a test taken? Yes No What was reading

Was driver driving with knowledge and consent of insured? Yes No

Who was responsible for the collision?

Did any driver admit liability? Yes No Whom

Has a fine or on-the-spot fine been imposed? Yes No

Passenger details

Name <input type="text"/>	Address <input type="text"/>
Name <input type="text"/>	Address <input type="text"/>

Witness details

Name <input type="text"/>	Address <input type="text"/>
Name <input type="text"/>	Address <input type="text"/>

Other vehicle details

Owners name Mobile phone

Owners address

Motor Vehicle claim form

Insurer	<input type="text"/>	Vehicle make	<input type="text"/>	Registration	<input type="text"/>
Drivers name	<input type="text"/>		Drivers licence	<input type="text"/>	
Drivers address	<input type="text"/>				
Owners name	<input type="text"/>		Mobile phone	<input type="text"/>	
Owners address	<input type="text"/>				
Insurer	<input type="text"/>	Vehicle make	<input type="text"/>	Registration	<input type="text"/>
Drivers name	<input type="text"/>		Drivers licence	<input type="text"/>	
Drivers address	<input type="text"/>				

Property damage

Damage to property (fences, buildings, etc)

Persons injured

Declaration

Privacy

Certain Underwriters of at Lloyd's and One Underwriting are committed to protecting your privacy. We will only use the personal information you have provided to us in settling this claim and any claim made against you in respect of the claim. You can check the personal information we hold by contacting our Privacy Officer on 03 9211 3700.

Read carefully before signing.

I/we acknowledge One Underwriting Pty Ltd may give to, or obtain from, other Insurers and/or Insurance/Financial Reference Bureau, State Licensing Authority, Parts or Service Providers, personal information in relation to this claim or my insurance in general. I/we hereby declare the foregoing particulars to be true and correct, and I/we undertake to render every assistance in my/our power in dealing with this matter.

Signature of owner

Date

Signature of owner

Date

Your Duty of Disclosure:

Before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984 (Clth) to disclose anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms. This includes your driving record and insurance history for the previous five (5) years and any criminal convictions whether current or spent for the previous ten (10) years prior to the inception of, or renewal of the insurance Policy.

You have that duty after proposal, and up until the time we agree to insure you. You have the same duty before you renew, extend, vary or reinstate a contract of insurance.

You do not need to tell us anything that:

- reduces the risk that is insured;
- is common knowledge;
- we know or should know as an insurer; or
- we waive compliance with your duty of disclosure.

If you are uncertain about whether or not a particular matter should be disclosed, please contact One Underwriting.

Non-disclosure

If you do not tell your insurer anything you are required to, the insurer may cancel your contract or reduce the amount that it is required to pay you if you make a claim, or both. If your failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

Short Form Privacy Disclosure and Consent

Application/Claim Forms

1. One Underwriting Pty Ltd is committed to protecting your personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). We collect, use and disclose personal information to offer, promote, provide, manage and administer our various insurance services we are involved in as set out in the One Underwriting Privacy Notice. In order to do this, we may also share your information with other persons or entities who assist us in providing or promoting our services as set out in the One Underwriting Privacy Notice. Further information about our privacy practices can be located in the One Underwriting Privacy Policy, a copy of which can also be sent to you on request by your One Underwriting representative. You may also gain access to your personal information, or modify your privacy preferences, by contacting your One Underwriting representative or our Privacy Officer through the means set out in the One Underwriting Privacy Notice.
2. If you are disclosing personal or sensitive information about any other person to One Underwriting, you confirm that you have obtained the consent of that person to disclose to One Underwriting their personal or sensitive information and you have made them aware that One Underwriting will or may disclose their information to third parties that are reasonably necessary to assist in the provision of the relevant services or products. If you have not obtained consent from this other person to disclose their personal or sensitive information to One Underwriting, you will inform us before providing the relevant information to us.

By submitting this Claim Form you acknowledge that you have read the One Underwriting Privacy Notice and agree that we can handle any personal information you have provided to us in the manner set out above

Submit your claim

oneuwmotor@cl-au.com

Motor Solutions Team enquiries 07 3223 7517

Claims phone 1300 452 655 Claims fax 02 9633 5521

PO Box 1438, Parramatta, NSW 2124

Privacy policy. At One Underwriting we take privacy very seriously.
For full details please refer to oneunderwriting.com.au/privacy

One Underwriting ABN 50 006 767 540 AFSL 236 653

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