Broker or dealer details

Company

Name

Phone

Email

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 | Family name

Address

Suburb | State | Postcode

Phone | Mobile

Email | Fax

Policy number: | Policy expiry date

Insured vehicle details

Make | Chassis number | Model

Registration | Engine number | Year

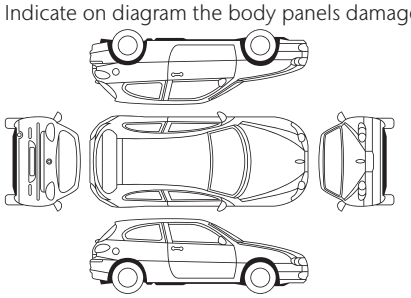
Registration expiry | Speedometer reading | Sum insured $

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

Repairer's address

Suburb | State | Postcode

Phone

Is the **Vehicle** drivable? Yes ☐ No ☐

Is the **Vehicle** at repairer's? Yes ☐ No ☐

one UNDERWRITING

Motor Vehicle claim form

Address **Vehicle** towed to

Suburb | State | Postcode

Date of **Accident** | Time of **Accident** | AM ☐ PM ☐

Place of **Accident**

Road conditions | Wet ☐ Dry ☐ | Daylight ☐ Dark ☐

Your Vehicle

Estimated speed 100m prior to impact ____ kph | Estimated speed on impact ____ kph

Was **Your Vehicle** on the correct side of the road before the collision? Yes ☐ No ☐

Was **Your Vehicle** on the correct side of the road after the collision? Yes ☐ No ☐

Other vehicle

Estimated speed 100m prior to impact ____ kph | Estimated speed on impact ____ kph

Was their vehicle on the correct side of the road before the collision? Yes ☐ No ☐

Was their vehicle on the correct side of the road after the collision? Yes ☐ No ☐

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, pedestrain 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? ☐ Yes ☐ No Details _____

Lost your licence? ☐ Yes ☐ No Details _____

Had any traffic offences, fines or infringements? ☐ Yes ☐ No Details _____

Had any prior **Accidents** and/or claims? ☐ Yes ☐ No Details _____

In the past 10 years, convicted of a criminal offense ☐ Yes ☐ No Details _____

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 _____ Address _____

Name _____ Address _____

Witness details

Name _____ Address _____

Name _____ Address _____

Other vehicle details

Owners name _____ Mobile phone _____

Owners address _____

Motor Vehicle claim form

Insurer | **Vehicle** make | Registration

Drivers name | Drivers licence

Drivers address

Owners name | Mobile phone

Owners address

Insurer | **Vehicle** make | Registration

Drivers name | Drivers licence

Drivers address

Property damage

Damage to property (fences, buildings, etc)

Persons injured

Declaration

Privacy

HDI Global Specialty SE - Australia, (ABN 58 129 395 544, AFS Licence number 458776) and One Underwriting (ABN 50 006 767 540, AFS Licence number 236653) 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 1300 000 663 or by viewing **Our** Privacy Policy on **Our** website oneunderwriting.com.au.

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

one UNDERWRITING

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;
- **Your** insurer knows or should know as an insurer; or
- the insurer waives compliance with **Your** duty of disclosure.

If **You** are uncertain about whether or not a particular matter should be disclosed to the insurer, please contact **Us** or **Your** appointed insurance broker.

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 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 Quotation & Proposal Securus Motor Insurance, **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.

☑ Unless **You** tick here, **We** or any of our group of companies may be in touch by any means (including email or SMS) at any time to let **You** know about goods, services or promotions that may be of interest to **You**.

Submit Form | Print Form

Submit your claim

au.motorclaims@oneunderwriting.com.au
Motor Solutions Team enquiries 1300 000 663

Claims phone 1300 284 225 Claims fax 07 3223 7497
PO Box 292, Collins Street West, Melbourne VIC 8007

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