

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	

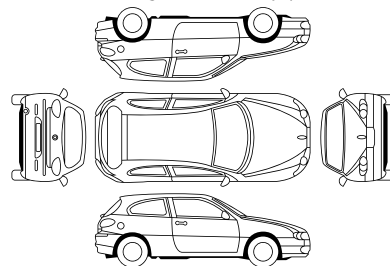
Insured vehicle details

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 <input type="checkbox"/> Private <input type="checkbox"/>

Damage sustained

Area damaged

Indicate on diagram the body panels damaged in this accident



Repairer's name

Repairer's address

Suburb	State	Postcode
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Phone

Is the Vehicle drivable?	Yes	No	Is the Vehicle at repairer's?	Yes	No
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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

Do you have Dash Cam footage of the incident? Yes No

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
License Expiry Date Number of Years Licences in Australia

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

Motor Vehicle claim form

Other vehicle details

Owners name	Mobile phone	
Owners address		
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 03 9211 3700 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

Your Duty to take Reasonable Care not to Misrepresent

You have a duty to take reasonable care not to make any misrepresentation when entering into, varying, extending or renewing the **Policy**.

This means that it is essential that **You** respond to specific questions that **We** ask honestly and to the best of **Your** knowledge, including where **We** ask **You** to confirm or update information that **You** have previously given to **Us** when entering into, varying, extending or renewing the **Policy**.

For example this will include **You** or any other persons to be covered under this **Policy** and their driving record, claims (or incidents unclaimed or uninsured for), criminal and insurance history. This duty also extends to, but not limited to how **Your Vehicle** is **Garaged**, registered or used in frequency and nature of use for example **Private Use, Business Use** or otherwise.

To assist **You** with providing **Us** with honest and accurate responses to any questions **We** ask of **You**, We have endeavored to ensure that any question **We** ask are clear and easy to understand. Further, where possible, **We** have also included examples of the types of responses **We** are looking for when asking a particular question.

If **You** are unclear of any particular question or would like **Us** to explain it to **You**, please get in touch with **Us** and **We** will explain this to **You**.

In determining whether **You** have fulfilled this duty to take reasonable care not to make a misrepresentation to **Us**, **We** will consider all of the relevant circumstances of a particular case. If **You** do not respond honestly and accurately to specific questions that **We** ask, **We** may (acting reasonably) cancel **Your** contract or reduce the amount **We** will pay **You** if **You** make a claim, or both. It is therefore vital that **You** be honest and specific in **Your** responses. If **Your** failure to tell **Us** is fraudulent, **We** will refuse to pay a claim and treat the **Policy** as if it never existed (this does not mean that **We** will refund any premiums that **You** have already paid).

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.

I agree for One Underwriting Pty Ltd or Aon to send me information about its goods, services and promotions via email or phone.

Submit your claim

au.motorclaims@oneunderwriting.com.au

Motor Solutions Team enquiries

07 3223 7517

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

0UD0018-AU-2307

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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