



RIBUT Pty Ltd
50 GORDON STREET MACKAY 4740
PO BOX 477 MACKAY QLD 4740
TELEPHONE: 07 4951 6200
FAX: 07 4951 1490
E-MAIL: torim@ribpl.com.au
WEB: www.ribpl.com.au

AFS Licence Number: 244330
ABN: 13 165 872 088



Motor Vehicle Insurance Claim

The supply or acceptance of this form is not an admission of liability on the part of the insurer. Please complete ALL sections of this claim form. Unless specifically arranged beforehand, no repairs or alterations to the damaged vehicle should be made unless approved by your insurance underwriter.

Policy Number	<input type="text"/>	RIB Ref No	<input type="text"/>
---------------	----------------------	------------	----------------------

Insured

Insured's Name	<input type="text"/>							
Address for Notices	<input type="text" value="Regional Insurance Brokers, Po Box 477 Mackay QLD 4740"/>							
Client Phone	<input type="text"/>	Occupation	<input type="text"/>					
Are you the sole owner of the insured vehicle?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
If NO, who is the owner?	<input type="text"/>							
Interested Party	<input type="text"/>							
What is their Australian Business Number (ABN)?	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
Are they registered for GST?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium?	<input type="text"/>			%				

Insured Vehicle

Make & Model	<input type="text"/>			Year	<input type="text"/>
Rego Number	<input type="text"/>	Rego Expiry Date	<input type="text"/>	Colour	<input type="text"/>
Engine No	<input type="text"/>		Chassis No	<input type="text"/>	

Class of Vehicle

Sedan or Station Wagon	<input type="checkbox"/>	Bus or Coach	<input type="checkbox"/>
Van or Utility up to 2T	<input type="checkbox"/>	Light Construction or earthmoving Plant	<input type="checkbox"/>
Rigid Vehicle over 2T and up to 5T	<input type="checkbox"/>	Heavy Construction or earthmoving Plant	<input type="checkbox"/>
Rigid Vehicle over 5T and up to 10T	<input type="checkbox"/>	Trailer	<input type="checkbox"/>
Rigid Vehicle over 10T	<input type="checkbox"/>	Other	<input type="checkbox"/>
Articulated Prime Mover	<input type="checkbox"/>		

Trailer Details (if applicable)

Make	<input type="text"/>	Type	<input type="text"/>
Year	<input type="text"/>	Registration No	<input type="text"/>

Driver

For parked or unattended vehicles, the Driver is the Vehicle's custodian at the time of loss.

Surname	<input type="text"/>		Given Name(s)	<input type="text"/>			
Address	<input type="text"/>				Postcode	<input type="text"/>	
Phone No.	<input type="text"/>	Date of Birth	<input type="text"/>	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
Driver Licence	<input type="text"/>	Expiry Date	<input type="text"/>	Years held	<input type="text"/>		
Class of Licence	<input type="text"/>						
Registered owner of vehicle	<input type="text"/>						
Are you an employee?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If not, state relationship	<input type="text"/>	

Have you had an insurance policy cancelled, declined or conditions imposed on an insurance policy in the last 5 years?

Yes No

If Yes, please give details.

.....

.....

.....

Have you had any traffic convictions or been involved in any motor vehicle accidents in the past five (5) years?

Yes No

If Yes, please give details.

.....

.....

.....

Have you been convicted of or had any fines or penalties imposed for any criminal offences in the last 10 years? If Yes, please provide details.

Yes No

.....

.....

.....

Have you had any policies decline, cancelled or conditions imposed for any insurance policy?

Yes

No

Did you consume any alcohol or take any drugs during the 12 hours prior to the accident?

Yes

No

If Yes state how much and when.

Did you undergo a breath test or blood test for alcohol or drugs?

Yes

No

If Yes what was the result?

Did you refuse to undergo any of the above tests?

Yes

No

Damage to insured vehicles

Was your vehicle damaged?

Yes

No

Was your vehicle towed away?

Yes

No

Have you obtained a repair quote?

Yes

No

Amount \$

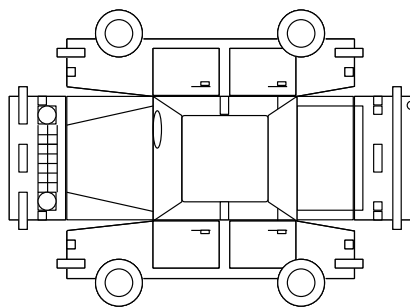
(Attach Quote)

If not driveable where can the vehicle be inspected?

Full address

Phone No

Show the damaged areas to your vehicle on the following diagram.



Did Police charge either driver or suggest action may be taken?

Yes

No

Charge

Damage to other vehicle or property

	Vehicle or Property No 1	Vehicle or Property No 2
Name of other driver		
Age		
Phone No.		
Licence No.		
Vehicle Make & Model		
Rego No.		
Name of registered Owner		
Address		
Phone No.		
The other insurance Company		
Policy Number		
Description of Damage		

Personal Injuries

Was anyone injured in the accident?

Yes

No

Name	Type of injury	Injured Party (Passenger/Driver)	Vehicle (Registration No.)

Privacy

The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

Internal Dispute Resolution (IDR) Statement

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

Declaration (must be completed)

1. I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.
2. Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect of such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.
3. I/We acknowledge that I/we have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim.
4. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

Driver's Signature: _____

Date: _____

Insured's Signature: _____

Date: _____

How To Make A Motor Vehicle Claim

Whether at fault or not and to avoid delay, it is easier to claim on your Insurer and let them recover for you. Here are the steps to be taken:

1. Obtain a quotation from a reputable repairer
2. You will pay your excess to the repairer when collecting the repaired vehicle.

If you are not at fault:

your excess is recoverable

car hire may be paid for, if a business registered vehicle, but not necessarily all costs.

Please note, the refund of excess and car hire is paid by the third party or their Insurer and this usually takes between 3-6 months.

If no refund received after 6 months, you can:

Contact our office and ask our assistance

3. In the event of a total loss, the **market** value will be determined by the assessor. At times you may not agree on this figure, however, it is your prerogative to obtain another valuation. We can advise.
4. If the vehicle has been stolen, your Insurer will apply for a police report.
5. If your vehicle is not damaged or damage is minor but you have caused damage to a third party and the accident is your fault, a claim form must be completed and sent to our office, then forward any letters of demand with quotations.