



Regional Insurance Brokers Pty Ltd ATF
Regional Insurance Brokers Unit Trust
50 GORDON STREET MACKAY 4740
PO BOX 477 MACKAY QLD 4740
TELEPHONE: 07 4951 6200
FAX: 07 4951 1490
E-MAIL: admin@ribpl.com.au
WEB: www.ribpl.com.au

AFS Licence Number: 244330
ABN: 16 774 173 856
ACN: 010 723 967



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 RIB Ref No

Insured

Insured's Name
 Address for Notices
 Client Phone Occupation
 Are you the sole owner of the insured vehicle? Yes No
 If NO, who is the owner?
 Interested Party
 What is their Australian Business Number (ABN)? - - -
 Are they registered for GST? Yes No
 To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium? %

Insured Vehicle

Make & Model Year
 Rego Number Rego Expiry Date Colour
 Engine No Chassis No

Class of Vehicle

<table border="0" style="width: 100%;"> <tr><td style="width: 80%;">Sedan or Station Wagon</td><td style="width: 20%; border: 1px solid black; height: 20px;"></td></tr> <tr><td>Van or Utility up to 2T</td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td>Rigid Vehicle over 2T and up to 5T</td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td>Rigid Vehicle over 5T and up to 10T</td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td>Rigid Vehicle over 10T</td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td>Articulated Prime Mover</td><td style="border: 1px solid black; height: 20px;"></td></tr> </table>	Sedan or Station Wagon		Van or Utility up to 2T		Rigid Vehicle over 2T and up to 5T		Rigid Vehicle over 5T and up to 10T		Rigid Vehicle over 10T		Articulated Prime Mover		<table border="0" style="width: 100%;"> <tr><td style="width: 80%;">Bus or Coach</td><td style="width: 20%; border: 1px solid black; height: 20px;"></td></tr> <tr><td>Light Construction or earthmoving Plant</td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td>Heavy Construction or earthmoving Plant</td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td>Trailer</td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td>Other</td><td style="border: 1px solid black; height: 20px;"></td></tr> </table>	Bus or Coach		Light Construction or earthmoving Plant		Heavy Construction or earthmoving Plant		Trailer		Other	
Sedan or Station Wagon																							
Van or Utility up to 2T																							
Rigid Vehicle over 2T and up to 5T																							
Rigid Vehicle over 5T and up to 10T																							
Rigid Vehicle over 10T																							
Articulated Prime Mover																							
Bus or Coach																							
Light Construction or earthmoving Plant																							
Heavy Construction or earthmoving Plant																							
Trailer																							
Other																							

Trailer Details (if applicable)

Make		Type	
Year		Registration No	

Driver

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

Surname		Given Name(s)			
Address				Postcode	
Phone No.		Date of Birth		Female	
Driver Licence		Expiry Date		Male	
Class of Licence					
Registered owner of vehicle					
Are you an employee?	Yes		No		If not, state relationship

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)

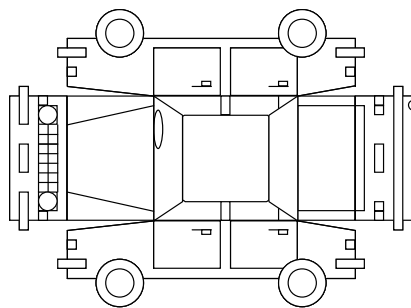
Repairer Name/Details

If not driveable where can the vehicle be inspected?

Full address

Phone No

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



Accident Details

Date Time am/pm Vehicle Use: Business Private

What was the accident location?

Street Suburb P/code

How did the accident happen?

Please draw a plan of the accident. Show the nearest cross street; street names; centre of the roadway; direction and location of vehicles; location of traffic control signals and other useful information.

Indicate your own vehicle as **A**

Indicate any other vehicles as **B**

Who do you consider was at fault? Myself Other driver Other

Estimated speed of Your vehicle just before the accident KPH

Estimated speed of Other vehicle just before the accident KPH

What was the condition of the road?

Sealed Unsealed Smooth Rough Wet Dry

How was visibility?

Good Moderate Poor

Were there any witnesses to the accident? Yes No

If Yes, please provide names & addresses.

Did Police attend the accident? Yes No

If Yes, Police station Name/Number of officer

If No, state time and date reported to Police

Police Report Number:

Did Police indicate who was responsible? Yes No

If Yes, Name of driver?

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

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to an overseas insurer (like Lloyd's of London) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We will try to tell you where those companies are located at the time of advising you. We do not trade, rent or sell your information.

If you don't provide us with full information, we can't properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy or visit our website.

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.