SELECT Insurance (Australia) Pty Ltd

Motor Vehicle Claim (Non Theft)

The issue of this form does not constitute an admission of liability on the part of the insurer.

Policy Number		Claim Number	

The Insured

Full Name (Block Letters)	Surname		Given Name(s)		
Postal Address					
			State		Post Code
Are you registered for GST purposes?	☐ NO ☐ Yes	What is your ABN?			
To what extent are you entitled to claim an Input Tax Credit on GST for this policy?				%	
To what extent are you entitled to claim an Input Tax Credit on GST for this vehicle?				%	
Contact Numbers	Business	( )	Private	( )	
	Facsimile	( )	Mobile		

Vehicle Details

Make of Vehicle		Year Of Man.		Registration Number	
Model		Colour		Odometer Reading	
Registered Owner					
Garaging Address					
		State		Post Code	
Do you owe money on your vehicle?		No ☐ Yes ☐ - Give details			
Name of Lender		Account Number			
Address					
		State		Post Code	

Driver Details

Full Name (Block Letters	Surname		Given Name(s)		
Address					
				Post Code	
Contact Numbers	Business	( )	Private	( )	
	Facsimile	( )	Mobile		
Relationship to Insured					
Licence Number		Expiry Date	/ /	Date of Birth	/ /
How long has the driver been licensed for this type of vehicle?			years		
Did the driver drink any alcohol or take any drugs in the 24 hours prior to the incident?				No ☐ Yes ☐ - Give details	
Did the driver undergo a breath test, breath analysis or blood test?				No ☐ Yes ☐ - Give details	
What was the reading		*(Please attach copy of certificate)*			

Incident Details

Date	/ /	Day		Time	am/pm
Where did the incident happen?	Street				
Suburb		Nearest Cross S	Nearest		
Road Surface	Dry ☐	Wet ☐	Loose ☐	Speed	
At the time of the inicident the insured vehicle was	Parked ☐	Stationary ☐	Moving ☐		
Traffic controls ☐	None ☐	Stop Sign ☐	Traffic Lights ☐	Roundabout ☐	Other
Number of other vehicles involved					
If applicable, what type of goods were being transported at the time of loss?					
What happened?					
Who was at fault?	Surname		Given Name(s)		

SKETCH DIAGRAM OF INCIDENT

1. Name Streets
2. Indicate direction of travel
3. Your Vehicle ☒
4. Other vehicle ☐

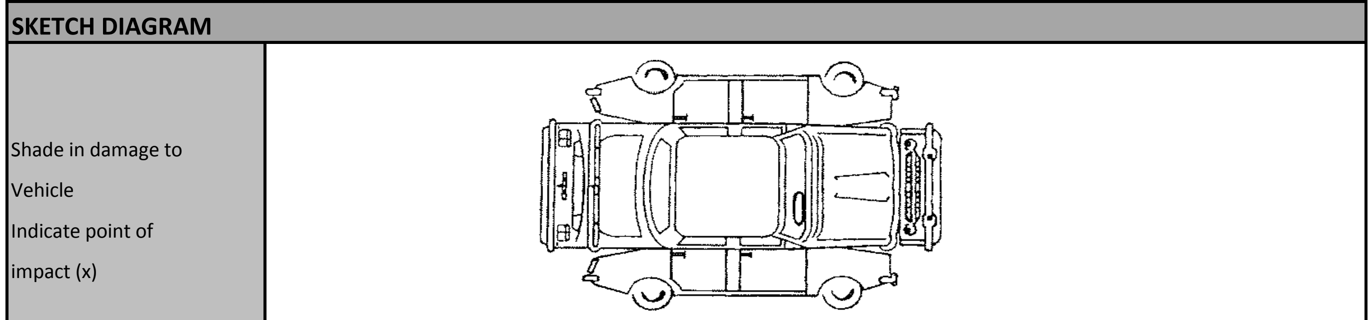
Damage to Your Vehicle

Are you claiming for the damage to your vehicle?	No ☐	Yes ☐	
Was the vehicle towed?	No ☐	Yes ☐	- Give details
Name of tow company			
Where was it towed?		Distance towed	Kms

SKETCH DIAGRAM

Shade in damage to Vehicle

Indicate point of impact (x)



Owner of Other Vehicle

Full Name (Block Letters)	Surname		Given Name(s)	
Address				
Contact Numbers	Business	( )	Private	( )
Insurance Company			Policy No.	

Driver of Other Vehicle

Full Name (Block Letters)	Surname			Given Name(s)		
Address						
Contact Numbers	Business	( )		Private	( )	
Licence Number		Expiry Date	/ /	Date of Birth	/ /	
Was the owner in the vehicle at the time of the accident?				No ☐ Yes ☐		

IF THERE IS MORE THJAN 1 OTHER VEHICLE INVOLVED PLEASE ATTACH DETAILS.

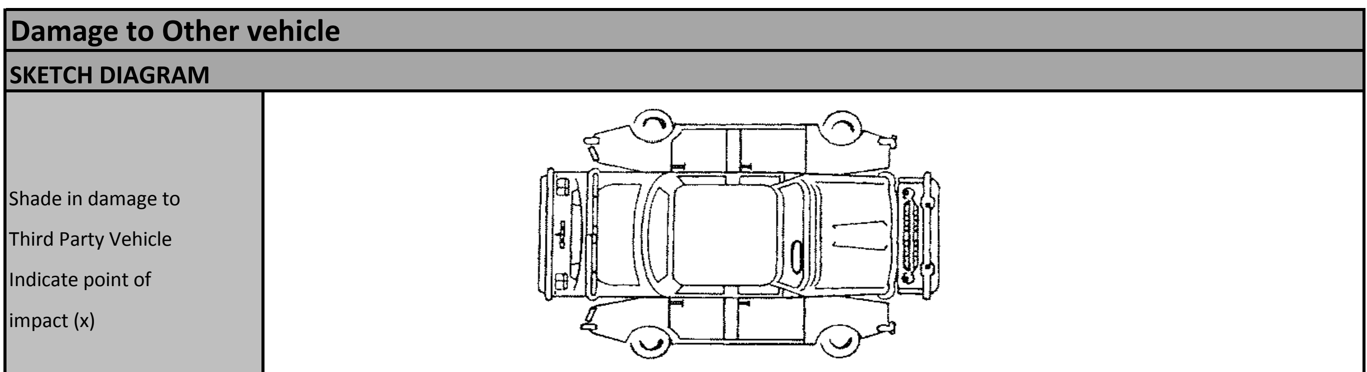
Other Vehicle

Make of Vehicle		Year of Man.		Registration Number	
Model				Colour	

Damage to Other vehicle

SKETCH DIAGRAM

Shade in damage to Third Party Vehicle Indicate point of impact (x)



Other Parties

Give details of pedestrians, owners of property or owner of animals involved

Full Name (Block Letters)	Surname	Given Name(s)
Address		

Police

Did a Police Officer attend the accident scene, No ☐ Yes ☐ or did you report the incident to the police? No ☐ Yes ☐

Name		Rank	
Station			
Date of Report	/ /	*(please attach a copy of the Police Report)*	
Name of person to be charged or cautioned			
Nature of charge or caution			

Witness(es) Details

Full Name (Block Letters)	Surname		Given Name(s)	
Address				
Contact Numbers	Business	( )	Private	( )
Was this witness in the insured vehicle?				No ☐ Yes ☐
Full Name (Block Letters)	Surname		Given Name(s)	
Address				
Contact Numbers	Business	( )	Private	( )
Was this witness in the insured vehicle?				No ☐ Yes ☐

Owner(s) and Driver History

In the last 5 years have you as a owner or the driver of this vehicle;

1. Had an Insurance refused, declined or cancelled by an insurer or any special conditions imposed? Yes ☐ No ☐

2. Been convicted or charged with;

a) Drug use, driving under the influence, or exceeding prescribed concentration of alcohol? Yes ☐ No ☐

b) Any driving offences or speeding? Yes ☐ No ☐

c) Fraud, arson, theft or any other criminal act? Yes ☐ No ☐

3. Had a drivers or motorcycle licence cancelled, suspended or endorsed? Yes ☐ No ☐

4. Had a claim or accident? Yes ☐ No ☐

5. Had a car stolen or burnt out? (*include any not reported or not claimed from an insurer*) Yes ☐ No ☐

6. Suffered or suffer from impaired eyesight (excluding wearing of glasses), loss of or use of any limb or loss of hearing or from any physical defect or epileptic, diabetic, heart or mental condition? Yes ☐ No ☐

If you answered a "YES" to any of the above questions, please provide relevant details below

Name of Driver	Date of Incident	Details of each incident	Your Insurer	Person at Fault
e.g Joe Smith	Jan 02	Speeding 60km in a 50zone	-	Self
Tom Jones	Aug-04	Hit in rear by third party	XYZ	Third Party

If there is insufficient space, please attach a sheet with the relevant information

Declaration and Authorisation

The information and answers given above are true and correct and complete in every detail.

1. I/We understand the claim may be refused if information is not true or witheld.
2. I/We authorise our Insurer to give to and obtain from other Insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurnace history as well as insurance claims information obtained during the course of the contract.

Signature of Insured 1 **X** Date / /

Signature of Driver 2 **X** Date / /

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMMISSION MAY DELAY YOUR CLAIM