

# Motor Fleet Claim Form

The supply or acceptance of this form is not an admission of liability on the part of Allianz.

Claim Number \_\_\_\_\_

## General information

Name of insured \_\_\_\_\_

Contact person \_\_\_\_\_

Position held \_\_\_\_\_

Telephone no. ( ) \_\_\_\_\_ Fax no. ( ) \_\_\_\_\_ Mobile no. \_\_\_\_\_

Email \_\_\_\_\_

Postal address \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Division \_\_\_\_\_

Division address \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Any Customer/Division codes/References \_\_\_\_\_

Broker/Agent name \_\_\_\_\_

Telephone no. ( ) \_\_\_\_\_

Policy no. \_\_\_\_\_

Excess \$ \_\_\_\_\_

Inception Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiry date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Interested parties

Is the vehicle being claimed for under a financial agreement?  Yes  No

Name of financier \_\_\_\_\_

Contract no. \_\_\_\_\_

Type of agreement \_\_\_\_\_

Commencement date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## GST

Are you registered for GST purposes?  Yes  No

ABN \_\_\_\_\_

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy? \_\_\_\_\_ %

To what extent are you entitled to claim an Input Tax Credit on the GST for this vehicle? \_\_\_\_\_ %

## Vehicle details

Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Body type \_\_\_\_\_

Registration no. \_\_\_\_\_

Vin/Engine no. \_\_\_\_\_

Chassis no. \_\_\_\_\_

Has the vehicle been modified in any way?  Yes  No

If Yes, please give details below

Detail modifications \_\_\_\_\_

Value \$ \_\_\_\_\_

Details of additional accessories \_\_\_\_\_

Value \$ \_\_\_\_\_

Where insured is a dealership, is vehicle declared as stock?  Yes  No

If Yes, please supply copy of stock card

If No, who is the registered owner of vehicle? \_\_\_\_\_

### Driver details (include details of last driver if vehicle was stolen)

Driver's name \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone no. ( ) \_\_\_\_\_

Driver's address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Licence No. \_\_\_\_\_ Class \_\_\_\_\_

Expiry \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Years held \_\_\_\_\_

Was the vehicle being used with the insured's consent?  Yes  No

If Yes, reason for use? (Business, Private etc.) \_\_\_\_\_

If No, please complete Theft Details

Driver's relationship to insured? \_\_\_\_\_

How often does this driver use the vehicle in a year? \_\_\_\_\_

Did the driver consume any alcohol or drugs during the 12 hours before the accident?  Yes  No

Quantity \_\_\_\_\_

Was the driver tested by the police for alcohol or drugs?  Yes  No

Result \_\_\_\_\_

Does the driver hold motor insurance on any other vehicle?  Yes  No

If Yes to any of above, provide details \_\_\_\_\_

### Accident details

Date of occurrence \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time \_\_\_\_\_ AM / PM

Location \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_







### Accident

Describe events before, during and after the accident (include number of lanes, speed, parked, reversing etc.)

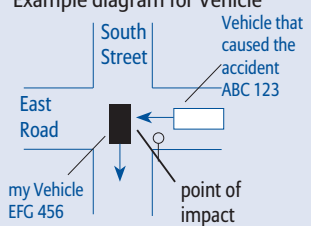
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a sketch of the accident scene and show the vehicle(s) with the following identification.

**Symbols to use**

 traffic sign	 witness
 traffic lights	 pedestrian
 your vehicle (black)	
 third party Vehicles TP1, TP2, TP3	

**Example diagram for Vehicle**



**Check List please show**

- Street names
- Distances
- Lanes/Lines markings
- Traffic signals/signs

TP1 Registration \_\_\_\_\_

TP2 Registration \_\_\_\_\_

TP3 Registration \_\_\_\_\_

Road conditions  Wet  Dry  Sealed  Unsealed  
 Day  Dusk  Night  Dawn

Describe what the vehicle was being used for at the time? \_\_\_\_\_

Who do you believe was at fault and why? \_\_\_\_\_

Was there any admission of responsibility for the accident?  Yes  No

If Yes, please give details \_\_\_\_\_

### Theft details

State where vehicle was stolen from \_\_\_\_\_

Describe events from time parked until discovered missing (include who made discovery and any action) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was the vehicle locked?  Yes  No

Were the keys duplicated?  Yes  No

Where were the keys at the time? \_\_\_\_\_

Who has each set of keys? \_\_\_\_\_

Was the vehicle alarmed or fitted with an immobiliser?  Yes  No

State which \_\_\_\_\_

If Yes, was alarm or immobiliser turned on?  Yes  No

If not turned on, state reason \_\_\_\_\_

Has the vehicle been recovered?  Yes  No

If Yes, by whom? \_\_\_\_\_

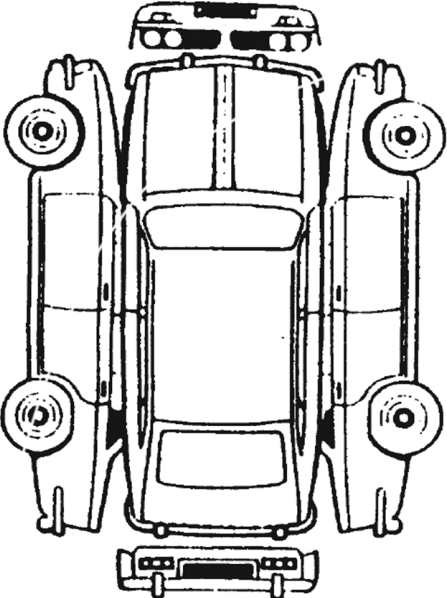
When and where recovered? (if recovered, please complete Damage section of claim form) \_\_\_\_\_

\_\_\_\_\_

Please include details of last person in charge of vehicle or last driver, in Driver's section of claim form

### Damage

Please show damage on vehicle using diagram to assist.



Interior  Exterior  Undercarriage  All over

Please describe the damage

L

R

Is the vehicle driveable?  Yes  No

If vehicle towed, state by whom \_\_\_\_\_

Where can your vehicle be inspected? \_\_\_\_\_

**Please attach any quotes that have been obtained**

## Police

Please state below whether the police were notified

No State reason \_\_\_\_\_

Yes Name of officer \_\_\_\_\_

Police station \_\_\_\_\_

Police report no. \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Did the police attend the scene?  Yes  No

Were any charges laid or indications made of further action?  Yes  No

Give details (who and what) \_\_\_\_\_

## Witnesses

Were there any witnesses to the event?  Yes  No

If Yes, please complete the following

Name \_\_\_\_\_

Telephone no. ( ) \_\_\_\_\_

Address \_\_\_\_\_  
State \_\_\_\_\_ Postcode \_\_\_\_\_

Where was the witness? \_\_\_\_\_

### Second witness

Name \_\_\_\_\_

Telephone no. ( ) \_\_\_\_\_

Address \_\_\_\_\_  
State \_\_\_\_\_ Postcode \_\_\_\_\_

Where was the witness? \_\_\_\_\_

## Third party details (Please complete the following if any other vehicles were involved or other property damaged)

Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_  
Model \_\_\_\_\_ Body type \_\_\_\_\_

Registration no. \_\_\_\_\_

Colour \_\_\_\_\_

Owner's name \_\_\_\_\_

Address \_\_\_\_\_  
State \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone no. Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Mobile no. \_\_\_\_\_

Driver's name \_\_\_\_\_

Address \_\_\_\_\_  
State \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone no. Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Mobile no. \_\_\_\_\_

Describe the damage to other vehicle or property \_\_\_\_\_

Name of other party's insurance company \_\_\_\_\_

Policy no. \_\_\_\_\_

**If you have received any demands or notices from anyone, please submit with claim form.**

## Privacy Notice

The personal and sensitive information collected in this form and other information you or third parties provide in connection with this claim will be used to process this claim, compile and analyse data, and resolve claim disputes. If you do not provide this information to us we may not be able to process this claim.

We may have to disclose your personal and other information to third parties who assist us in assessing and processing this claim, including other insurers, health service providers, investigators, our specialist advisors, our service providers or as required by law.

You have the right to seek access to your personal information and to correct it at any time. For information about how you may access and request correction of personal information we hold about you, or complain about a breach of the Australian Privacy Principles, please see our privacy policy available at [www.allianz.com.au](http://www.allianz.com.au) or contact us on 1300 360 529 EST 9am-5pm, Monday to Friday.

## Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld.

I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

I/We acknowledge that I/we have read and understood the Privacy Act 1988 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, with their approval.

I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Allianz will be unable to process my/our claim.

Signature of Insured \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Position held \_\_\_\_\_

Signature of Driver \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_