



MOTOR CLAIM FORM

CLIENT CODE:
OFFICE USE ONLY

| The Insured: | | | |
|--|------------------------|--|--|
| Date of lodgment: 29/01/2018 | | Policy number: 142A012345CMP | |
| Name in which policy is held: John & Jennifer Smith Trading As Smitty's Mobile Accounting Services | | | |
| Address: Unit 3, 21 Anywhere Street, Brisbane Qld 4000 | | | |
| Best Contact Person (If not the insured, relationship to claim): John Smith | | | |
| Email: johnandjen@email.com.au | | Phone: John – 0477 123 123 Jenny – 0477 321 321 | |
| Preferred contact method from Axiom Insurance and/or your Insurer: | | Email <input checked="" type="checkbox"/> | SMS <input type="checkbox"/> Phone <input type="checkbox"/> |
| Are you registered for GST? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | ABN Number: 53 123 456 789 | |
| Do you intend to claim any Input tax Credit (ITC) on the GST applicable to this policy? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | | Specify percentage claimed: 85 % |
| Incident Details: | | | |
| Date of incident: 27/01/2018 | | Approximate time: 11.15am | |
| Where did the incident happen? (As detailed as possible) Intersection of Alpha Street & Beta Road | | | |
| Suburb: Suburbia Qld | | Postcode: 4321 | |
| Incident description: I was travelling northbound on Alpha Street when third party went through Give Way sign at Beta Street without slowing, hitting my vehicle from the left. | | | |
| Was the vehicle travelling at more than 40k/h? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | Were the airbags deployed in the vehicle? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | |
| Is the vehicle able to be driven? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Was the vehicle towed? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | |
| Name of towing company (if applicable): XYZ Towing | | Towing company phone (if applicable): (07) 3344 5566 | |
| Where was the vehicle towed to (if applicable): XYZ Towing's Holding Yard – 222 Accident Avenue, Brisbane 4000 | | | |
| Vehicle Details: | | | |
| Vehicle make & model: 2014 Nissan X-Trail TL 5 Door SUV - Auto | | Registration: ABC789 | |
| Damage to your vehicle: Passenger side damage to front bumper, head lights, bonnet, side panel, front door, front wheel. | | | |
| | | | Is the vehicle under finance? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Preferred repairers name: All Models Auto Repairs - Brisbane | | Phone: (07) 3322 1000 | |
| Driver Details: ALL FIELDS MUST BE COMPLETED PLEASE | | | |
| IMPORTANT NOTE: If your policy is a Commercial Motor Policy please provide a clear copy of your driver's licence | | | |
| Name: John Smith | | Date of birth: 01/01/1972 | |
| Address: Unit 3, 21 Anywhere Street, Brisbane Qld 4000 | | | |
| Contact number: 0477 123 123 | | | |
| Licence number: 021 000 111 | Years held: 20+ | Expiry date: 01/01/2019 | Licence class: Open C Class |

Duty of Disclosure Questions (Compulsory):

In the last 5 years has the Policy Holder or driver in this Incident:

Had a licence cancelled or suspended? Y N Been convicted of a criminal offence? Y NHad an insurance policy declined, cancelled or conditions imposed on an insurance policy? Y NIn the 12 hours prior to driving were any drugs or alcohol consumed? Y NIf you have answered yes to any of the above please provide details: *6 month licence suspension for accumulation of demerit points - 2015***Police Details:**Did Police attend? Y N Name of Officer: *Snr Const David Law* Police station: *Suburbia South*Phone: *(07) 3312 3456* Report number: *QP101202303***Third Party Details:**

If you believe you are not at fault in this incident all third party details are required .Please note – completing these details does not automatically result in your excess being waived, this is at the discretion of your Insurer.

Name: *Michael Driver* Date of birth: *28/02/1995* Phone: *0440 000 111*Licence number: *290 011 223* Name of Owner if different to Driver: *Matthew Driver (Father)*Address: *22 Delta Road*Suburb: *Suburbia* Postcode: *4321*Vehicle make & model: *2009 Holden Colorado Dual Cab Ute* Registration: *MAT 55*Damage to Third Party Vehicle: *Bullbar, Front Bumper, Headlights*Insurer: *AAMI* Policy number: *MOT4146789***Additional Claim Notes:***Both vehicles towed from scene. Police and ambulance attended – bruising to both drivers but no substantial injuries.***Settlement Details *** Subject to Insurer Acceptance of Claim:***

In the event a cash settlement is offered by the insurer, please advise your preferred disbursement method:

 Bank Transfer (Please complete Details Below – Account must be in same name as policy is held) ChequeAccount Name: *J & J Smith* BSB: *123-456* Account Number: *1122 34567***Declaration (Compulsory):**

I/We declare that to the best of my/our knowledge and belief the information in this form is true and correct and I/we have not withheld any relevant information. I/We understand providing false information could result in this claim and potentially this insurance policy being declined/cancelled.

I/We consent to the insurance company using my personal information I/we have provided on this form for the purpose of processing my claim. I/We understand that if I/we choose not to provide required details, this is my/our choice, however, the insurance company may not be able to process my claim.

I/We consent to the insurance company disclosing my personal information to other insurers, an insurance reference service or as required by law. I/We consent to the insurance company also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Name: *John Smith* Signature: *JSmith* Date: *29/01/2018***Emailed to: *OFFICE USE ONLY***

Date: Time: By:

Please email completed claim forms to admin@axiominsurance.com.au