

# MOTOR VEHICLE CLAIM FORM

## IN THE EVENT OF A CLAIM

- Take precautions to ensure that no further damage or loss occurs to the motor vehicle.
- Where possible have the motor vehicle moved to a secure location if not drivable.
- Obtain one repair quotation.
- This Claim Form should be completed and returned to your Broker as soon as possible with any relevant photos and attachments.
- Contact your Broker if you are unsure about any matters in relation to the completion of this Claim Form.

## POLICY DETAILS

Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

ABN: \_\_\_\_\_

To what extent can you claim an input tax credit on your motor vehicle insurance premiums? %

To what extent can you claim an input tax credit on the vehicle which is the subject of this claim? %

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## INSURED VEHICLE DETAILS

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Registration No: \_\_\_\_\_ Vin/Engine No: \_\_\_\_\_ Colour: \_\_\_\_\_

For what purpose was the vehicle being used at time of accident?

School Bus  General Charter/Intra State Tours  Local Charter

Interstate Tours  Airport, Hotel, Motel Transfers  Route Service

Hotel/Club Shuttle Bus  Scheduled Intercapital Express  Self/Drive Hire

Private  Intra State Express (ie: Countrylink, Vline Services)

Other, Please Specify: \_\_\_\_\_

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## INSURED VEHICLE DETAILS (CONTINUED)

Registered Owner:

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Address:

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**Do you owe money on your vehicle?  
(Only answer if insured vehicle is a potential write off/total loss/stolen)**

Yes  No

If "YES" give details:

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Name of Lender:

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Address:

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Account Details:

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## DRIVER DETAILS

Name of Driver:

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Address:

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Postcode:

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Tel:

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Mobile:

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Relationship to insured (ie. insured, employee, hirer, relative, lease driver etc):

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Licence No:

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Expiry Date:

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DOB:

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How long has the driver been licensed for this type of vehicle?

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Years

Was the vehicle being used with the insured's knowledge and consent?

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Yes  No

If "YES" reason for use? (Business, Private etc.)

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Did the driver drink alcohol or take drugs in the 12 hours prior to the accident?

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Yes  No

If "YES" reason for use? (Business, Private etc.)

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Did the driver undergo a breath test, breath analysis or blood test?

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Yes  No

What was the reading? (Please attach copy of the certificate)

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## ACCIDENT OR THEFT DETAILS

Date of accident / theft:	/	/	Day of week:	Time:	24hr
Where did the accident happen?					
Address:			Postcode:		
Weather conditions?	<input type="checkbox"/> Sunshine	<input type="checkbox"/> Rain	<input type="checkbox"/> Other (Please Advise):		
Road Surface:	<input type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Sealed		
	<input type="checkbox"/> Unsealed	<input type="checkbox"/> Flat	<input type="checkbox"/> Uphill		
	<input type="checkbox"/> Downhill				
Road Type:	<input type="checkbox"/> Straight	<input type="checkbox"/> Curved	<input type="checkbox"/> Left Turn		
	<input type="checkbox"/> Right Turn				
At the time of the accident the insured's vehicle was:	<input type="checkbox"/> Parked	<input type="checkbox"/> Stationary	<input type="checkbox"/> Moving		
Speed:	Kph				
At the time of the accident the other vehicle/s were:	<input type="checkbox"/> Parked	<input type="checkbox"/> Stationary	<input type="checkbox"/> Moving		
Speed:	Kph				
Traffic Controls:	<input type="checkbox"/> None	<input type="checkbox"/> Stop Sign	<input type="checkbox"/> Roundabout		
	<input type="checkbox"/> Give Way Sign				
If traffic lights, were they	<input type="checkbox"/> Green	<input type="checkbox"/> Amber	Other Party?		
	<input type="checkbox"/> Red Against You?				
What lights, if any were being used by you?	Other Party?				
Accident: Describe events before, during and after the accident (include no. of lanes, speed, parked, reversing)					
Who was at fault? Surname:					
Given Names:					
Is there any CCTV footage available? (Please retain copy in case of dispute in liability.)					<input type="checkbox"/> Yes <input type="checkbox"/> No

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## SKETCH DIAGRAM OF ACCIDENT

1. Name Streets
  2. Direction of travel indicated by arrow
  3. Your Vehicle
  4. Other Vehicle
  5. Show: North, South, East and West, Traffic signs, ie: Stop, Give Way, Roundabout etc.
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## THEFT

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

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**DAMAGE TO YOUR VEHICLE**

Are you claiming for the damage to your vehicle?

Yes  No

Was the vehicle towed?

Yes  No

If "yes" give details:

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Name of tow company:

Where was it towed?

Distance towed:

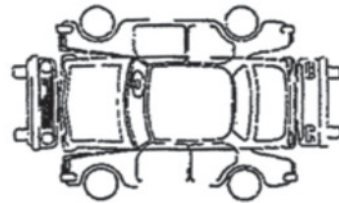
kms

Where is vehicle now?

Estimated cost of repairs:

\$

**Show on the Diagram where damage to Your Vehicle occurred:**



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**OTHER VEHICLE**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Registration No: \_\_\_\_\_ Colour: \_\_\_\_\_

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**OWNER OF OTHER VEHICLE**

Surname: \_\_\_\_\_ Given Name (s) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Insurance Co: \_\_\_\_\_ Policy No: \_\_\_\_\_

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**DRIVER OF OTHER VEHICLE**

Surname: \_\_\_\_\_ Given Name (s) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_ Drivers Licence No: \_\_\_\_\_

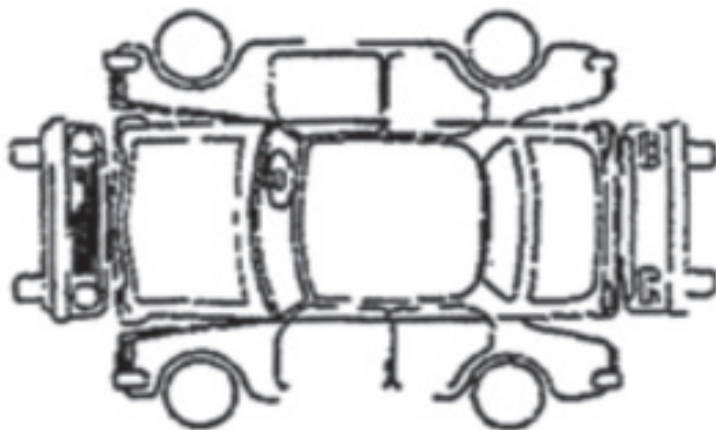
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Was The Owner In The Vehicle At The Time Of The Accident?  Yes  No

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**IF THERE IS MORE THAN ONE VEHICLE INVOLVED PLEASE ATTACH DETAILS****SKETCH DIAGRAM:**

Shade in damage to Other Vehicle.  
Indicate point of Impact (X).



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**OTHER PARTIES**

Surname: \_\_\_\_\_ Given Name (s) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

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**POLICE**

Did police attend the incident scene?  Yes  No

**OR** did you report the incident to the police?  Yes  No

Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Station: \_\_\_\_\_ Police event number: \_\_\_\_\_

Date of report:     /     /

Name of person to be charged or cautioned: \_\_\_\_\_

Nature of charge or caution: \_\_\_\_\_

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**WITNESS (ES) DETAILS**

Surname: \_\_\_\_\_ Given Name (s) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ Private: \_\_\_\_\_

Mobile: \_\_\_\_\_

Was this witness in the insured vehicle?  Yes  No

Surname: \_\_\_\_\_ Given Name (s) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ Private: \_\_\_\_\_

Mobile: \_\_\_\_\_

Was this witness in the insured vehicle?  Yes  No

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## ELECTRONIC FUNDS TRANSFER

Following SURA Australian Bus and Coach's approval of your claim, your claims benefit can be transferred directly into your bank account. Please provide the following details:

Name of Financial Institution:

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Account Name:

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Bank Swift Code (BSB):

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Account Number:

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## AGENT OF THE INSURERS

SURA Australian Bus and Coach acts as an agent of the Insurer and not as your agent when issuing insurance policies, dealing with or settling any claims. This is an important document please read it carefully.

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## PRIVACY

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at [www.sura.com.au](http://www.sura.com.au)

**Please access and read this policy.**

If you have any queries about how we handle your personal information or would prefer to have a copy mailed to you, please ask us.

If you wish to access your file please ask us.

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## GENERAL INSURANCE CODE OF PRACTICE

In accordance with our binding authorities, where we act on behalf of the insurer, we are bound by the General Insurance Code of Practice. The Code is designed to set minimum standards of practice and service in the insurance industry. Further information about the Code can be obtained from [www.codeofpractice.com.au](http://www.codeofpractice.com.au)

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## COMPLAINTS AND DISPUTES RESOLUTION

If you have any complaints about the products or services provided to you we have a complaints and internal dispute resolution process to try and resolve them as quickly as possible. Please contact us and tell us about your complaint. If you are not satisfied with the outcome of this process we will provide you with information about the Financial Ombudsman Service (FOS) including their contact information, when you lodge your complaint with us or at any time upon your request.



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## DECLARATION AND AUTHORISATION

I/We declare that to the best of my knowledge and belief, the information provided on this claim form and in any attached documentation is true and correct and that I/We have not withheld any relevant information.

I/We consent to SURA Australian Bus and Coach and/or its agent using the personal information I/We have provided for the purpose of processing my claim. I/We understand that if I/We choose not to provide the required details, this is my/our choice; however, SURA Australian Bus and Coach and/or its agent may not be able to process my/our claim.

I/We consent to SURA Australian Bus and Coach and/or its agent disclosing my/our personal information to other insurers, an insurance reference service, claims adjusters, lawyers and other consultants or as required by law. I/We also consent to SURA Australian Bus and Coach and/or its agent disclosing my/our personal information to and/or collecting additional information about me/us, from investigators or legal advisors.

I/We acknowledge that I/We have read and understood the Privacy Statement and consent to the collection, storage, use and disclosure of personal and sensitive information to all persons affected by this claim.

I/We acknowledge that if I/We do not agree to the collection of this personal information then SURA Australian Bus and Coach and/or its agent will be unable to process my/our claim.

I/We authorise SURA Australian Bus and Coach or its agent to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of insured:

Date:

Name: (please print)

Signature of driver:

Date:

Name: (please print)