

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: _____

Number of Employees _____

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: _____

INSURED VEHICLE DETAILS (CONTINUED)

Registered Owner:

Address:

**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:

Name of Lender:

Address:

Account Details:

DRIVER DETAILS

Name of Driver:

Address:

Postcode:

Tel:

Mobile:

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

Licence No:

Expiry Date:

DOB:

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

Years

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

Yes No

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

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

Yes No

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

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

Yes No

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

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)					
<hr/>					
<hr/>					
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<hr/>					
Who was at fault? Surname:					
<hr/>					
Given Names:					
<hr/>					
Is there any CCTV footage available? (Please retain copy in case of dispute in liability.)					<input type="checkbox"/> Yes <input type="checkbox"/> No

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)

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:

Name of tow company:

Where was it towed?

Distance towed:

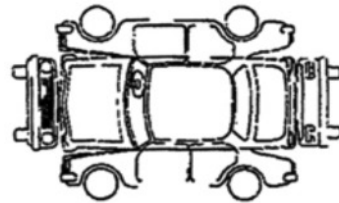
kms

Where is vehicle now?

Estimated cost of repairs:

\$

Show on the Diagram where damage to Your Vehicle occurred:



OTHER VEHICLE

Make: _____ Model: _____ Year: _____
Registration No: _____ Colour: _____

OWNER OF OTHER VEHICLE

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

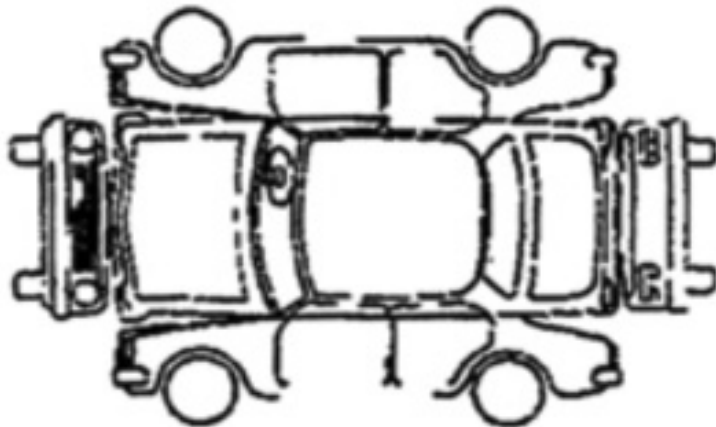
DRIVER OF OTHER VEHICLE

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

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

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

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



OTHER PARTIES

Surname: _____ Given Name (s) _____

Address: _____

City: _____ State: _____ Postcode: _____

Tel: _____ Mobile: _____

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: _____

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

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.

PRIVACY STATEMENT

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.

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. By executing this document you consent to collection, use and disclosure of your personal information in accordance with our Privacy Policy. If you do not provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, your application for insurance may not be accepted, we may not be able to administer your services/products, or you may be in breach of your duty of disclosure.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information including transfer overseas and provision to necessary third parties 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

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 of our Privacy Policy mailed to you, please ask us.

If you wish to access your file please ask us.

GENERAL INSURANCE CODE OF PRACTICE

We proudly support the General Insurance Code of Practice (the 'Code'). The purpose of the Code is to raise the standards of practice and service in the general insurance industry.

For further information on the Code, please visit www.codeofpractice.com.au or alternatively you can request a brochure on the Code from SURA Australian Bus and Coach.

COMPLAINTS AND DISPUTES RESOLUTION

We view seriously any complaint made about Our products or services and will deal with it promptly and fairly.

If You have a complaint please first try to resolve it by contacting the relevant member of Our staff.

If the matter is still not resolved, please then contact Our Internal Disputes Resolution Officer on (02) 9930 9500, or by email at IDR@SURA.com.au or by writing to Us at the address for SURA given above. They will seek to resolve the matter in accordance with the General Insurance Code of Practice and Our Dispute Resolution procedures.

You can contact Us if You want more information on Our procedures.

If You are a natural person or a small business, and You are not satisfied with the final decision, You may wish to contact the Australian Financial Complaints Authority (AFCA). The AFCA is a free independent external disputes resolution service provided to customers to review and resolve complaints where We have been unable to satisfy Your concerns.

For further details You can visit their website at www.afca.org.au or contact them:

Australian Financial Complaints Authority

PO Box 3
Melbourne, VIC, 3001
Telephone: 1800 931 678
Email: info@afca.org.au

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)