

Motor Vehicle Claim Notification

AIB AUSTRALIA

Please complete and return via Email with supporting documentation.

GENERAL DETAILS	
Broker's Reference No	<input type="text"/>
Policy No	<input type="text"/>
Expiry Date of policy	<input type="text"/>
Insured / Company Name	<input type="text"/>
Name of person for Contact	<input type="text"/>
Telephone	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
GST Details	Registered for GST <input type="checkbox"/> Yes <input type="checkbox"/> No ITC entitlements <input type="text"/> %
ABN	<input type="text"/>

INCIDENT DETAILS	
Date and Time of Incident	Date <input type="text"/> Time Incident occurred <input type="text"/>
Location of Accident: (Street, Suburb, P/Code)	<input type="text"/> Postcode <input type="text"/>
Please tell us what happened providing as much detail as possible	<input type="text"/>

YOUR DETAILS	
Full Name	<input type="text"/>
Your relationship to our policy holder	<input type="text"/>
Phone Number	<input type="text"/>
Email	<input type="text"/>

DRIVER DETAILS	
Driver Name	<input type="text"/>
Date of Birth	<input type="text"/>
Phone	<input type="text"/>
Drivers Licence Number	<input type="text"/>
Number of years licenced	<input type="text"/>
Expiry Date	<input type="text"/>
Address Details	<input type="text"/>
Postcode	<input type="text"/>

DRIVER DETAILS (continued)

Did the driver consume any alcohol or drugs in the 12 hours before the incident? Yes No

In the past 5 years has the driver in this incident:

Had an insurance policy declined, cancelled or conditions imposed on an insurance policy Yes No

Had a driver's licence cancelled, suspended, been disqualified from driving or committed any driving related alcohol or drug offences? Yes No

Been charged with or convicted of any criminal offences? Yes No

Been involved in a car accident or claimed against an insurance company for damage to your car? Yes No

If Yes to any of the above questions please provide details:

Were there any independent witnesses to the incident (if Yes please provide details)? (name, address, contact details) Yes No

Witness 1
Name, Address & Contact Details

Name	<input type="text"/>	Address	<input type="text"/>
------	----------------------	---------	----------------------

Contact Details

Witness 2
Name, Address & Contact Details

Name	<input type="text"/>	Address	<input type="text"/>
------	----------------------	---------	----------------------

Contact Details

YOUR VEHICLE DETAILS

Vehicle Registration Number Year

Make Model

Vehicle Type (Sedan, Utility, Van etc.) Do you owe money on the vehicle? Yes No

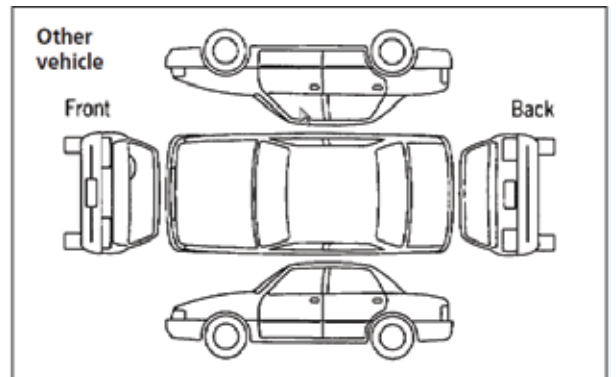
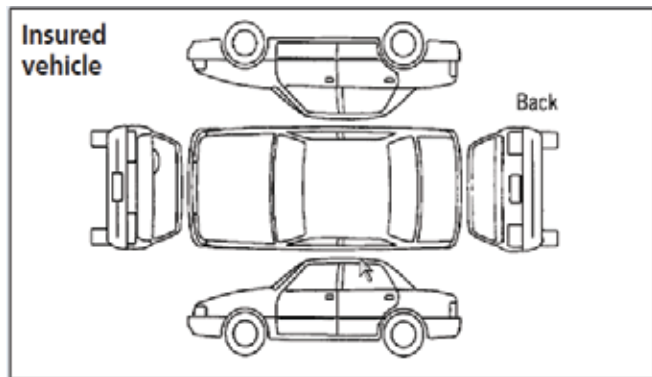
If Yes Lender's name & approximate amount owing

Lenders Name Amount Owing \$

Vehicle Damage

Has the vehicle been towed? Yes No If Yes, where is it now?

Please indicate where the vehicle has been damaged on the attached image:-



If unable to indicate on the above image, please describe below the details of damage:

OTHER PERSONS

Was another person's vehicle involved in this incident? Yes No

Was another person's property (not a vehicle) damaged in this incident? Yes No

Brief description of damage to other vehicle or property

Name of other person

Company Name (if applicable)

Full Address - (Street Number, Name, Suburb, State, Postcode) Postcode

Phone Number

Insurance Company

Insurance Reference Number

Other person's licence number

Their Vehicle Registration Number Vehicle Type (sedan, utility, van etc)

Vehicle Year Make

Model

Did the police or fire brigade attend the accident? Yes No

If Yes, Officer's name and name of station

Officer's Name Station Name

Was the accident reported to a police station? Yes No

If Yes, Officer's name, name of station & date reported

Officer's Name Station Name

Date Reported

Was either driver asked to take a blood / Breathalyser test? Yes No

Was either driver charged with an offence or offences or advised that charges may be laid? Yes No

If Yes please provide details:

SIGNATURE & 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.

Signature of Applicant Date

SETTLEMENT BY DIRECT DEBIT

Some Insurers offer settlement by Direct Debit into your Bank Account. If this option is available with your insurer and you wish to take this option please provide your bank account details below.

Account Name Bank

BSB Account Number

N.B. If you have any photos, documents or diagrams that relate to this claim, please attach to this form and submit.