



# DENNIS FOSTER Insurance Brokers

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## Motor Vehicle Claim Form

Contact Name \_\_\_\_\_ Contact Number \_\_\_\_\_ Email \_\_\_\_\_

Insured \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_

Are you registered for GST: **No** **Yes** ABN No: \_\_\_\_\_ Input Tax Credit % \_\_\_\_\_

Is there any finance on the vehicle? **No** **Yes** Name of Financier: \_\_\_\_\_

Date of Accident \_\_\_\_\_ Time of Accident \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_

Was the accident reported to the police? **No** **Yes** Police Report Number \_\_\_\_\_

Road surface Condition: Dry Wet Loose Number of Vehicles Involved \_\_\_\_\_

Was the vehicle towed away? **No** **Yes** Where was it towed to? \_\_\_\_\_

Repairer Details – (Name, address and telephone number) \_\_\_\_\_

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

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

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

### Your Vehicle Details

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Body Type \_\_\_\_\_

Registration No \_\_\_\_\_ Vin No \_\_\_\_\_ Engine No \_\_\_\_\_

### Driver Details

Driver Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone No \_\_\_\_\_

Licence No \_\_\_\_\_ Expiry \_\_\_\_\_ Class \_\_\_\_\_ Years held \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

*Other Vehicle Details*

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Body Type \_\_\_\_\_  
Registration No \_\_\_\_\_ Vin No \_\_\_\_\_ Engine No \_\_\_\_\_

*Other Driver Details*

Driver Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone No \_\_\_\_\_  
Licence No \_\_\_\_\_ Expiry \_\_\_\_\_ Class \_\_\_\_\_ Years held \_\_\_\_\_  
Address \_\_\_\_\_

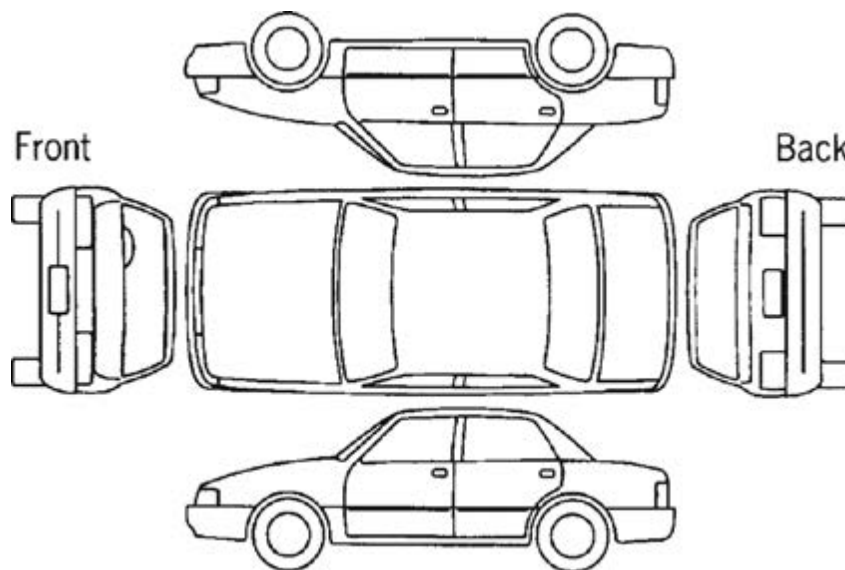
*Witness Details*

Full Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_

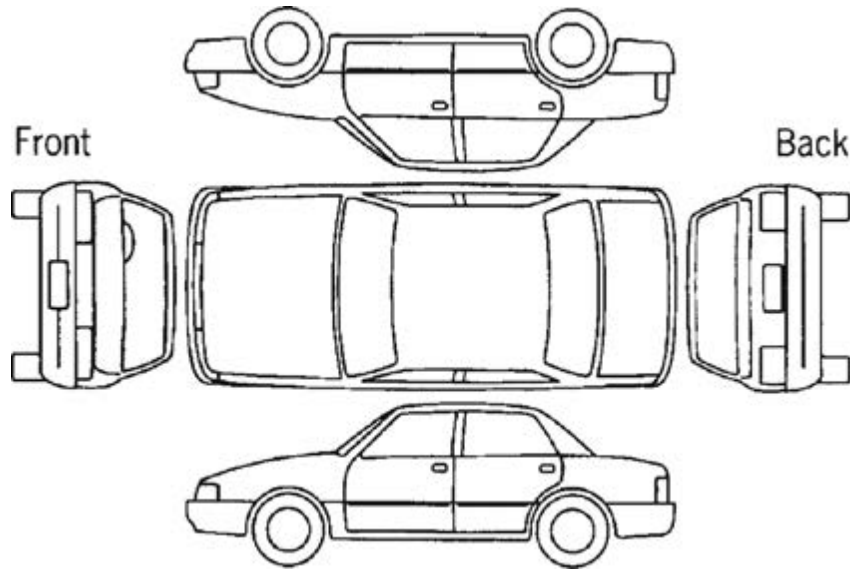
Type of witness: Passenger in Insured's vehicle      Passenger in the other vehicle      Independent eye witness

**Sketch a Diagram of the Accident** – include street names, direction of travel, your vehicle and the other party's vehicle.

Shade in the damage to your vehicle – Indicate point of impact X



Shade in the damage to the other vehicle – Indicate point of impact X



*Driver History*

In the last 5 years have you as an owner or driver of this vehicle:

- |  |           |            |
|--|-----------|------------|
| 1. Had an insurance refused, declined or cancelled by an insurer or any special conditions imposed?  | <b>No</b> | <b>Yes</b> |
| 2. Been convicted or charged with:   |           |            |
| a) Drug use, driving under the influence, or exceeding Prescribed Concentration of Alcohol?  | <b>No</b> | <b>Yes</b> |
| b) Any driving offences or speeding infringements?   | <b>No</b> | <b>Yes</b> |
| c) Fraud, arson, theft or any other criminal act?  | <b>No</b> | <b>Yes</b> |
| 3. Had a drivers or motorcycle licence cancelled, suspended or endorsed?   | <b>No</b> | <b>Yes</b> |
| 4. Had a claim or accident?  | <b>No</b> | <b>Yes</b> |
| 5. Had a car stolen or burnt out?  | <b>No</b> | <b>Yes</b> |
| (Include any not reported or not claimed from an insurer)  |           |            |
| 6. Suffered or suffer from impaired eyesight (excluding wearing of glasses), loss of or use of any limb or loss of hearing or from any physical defect or epileptic, diabetic, heart or mental condition | <b>No</b> | <b>Yes</b> |

If you have answered "YES" to an of the above questions please provide relevant details; \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Please include any supporting documentation for the incident such as quotations, tax invoice, reports, photos etc.*

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_