



Claim For Motor Vehicle Insurance

ABN 24 009 002 500

PLEASE ANSWER ALL QUESTIONS, PLEASE PRINT AND INDICATE BY WHERE APPLICABLE

Underwritten by FORTRON Insurance Group Ltd under AFS Licence No 238279

THE INSURED VEHICLE IS REGISTERED IN THE NAME OF

Surname _____ Given Names _____

Are you Registered for GST YES NO

If YES, what percentage will you be claiming an Input Tax Credit for %

Address _____

P/Code _____ Email _____

Telephone: Private _____ Business _____

Occupation _____ Date of Birth / / Sex M / F

Driver Licence No. _____ Date Obtained / /

FINANCE DETAILS

Company _____

Address _____

P/Code _____

Term _____ Months _____

Loan Type (Lease, HP, etc) _____

Contract No. _____

PLEASE ATTACH A COPY OF YOUR DRIVERS LICENCE TO THIS FORM

Policy No. _____ Period of Insurance: From / / to 4pm on / /

INSURED VEHICLE

Make (e.g. Ford): _____ Model (e.g. Falcon) _____ Series (e.g. EA) _____

Year _____ Body Style (e.g. Sedan) _____ Registration No. _____

Engine No. _____ V.I.N. No. _____

Has the vehicle had accessories added which are not the manufacturers standard specifications? YES NO

If YES, provide full details. _____

Has the vehicle been modified, in any way, from the manufacturers standard specifications? YES NO

If YES, provide full details. _____

Type of Registration: Private Private / Business Business Goods Carrying Reg'n Expiry Date / /

Has the motor vehicle ever been let on Hire or used for fare paying passengers? YES NO

Was a trailer attached at the time of the accident? YES NO

Was the motor vehicle being used with your consent? YES NO

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

How is the vehicle usually housed at night? Garage Carport Driveway Enclosed yard Street or Road

THE DRIVER / PERSON IN CHARGE OF INSURED VEHICLE

Surname _____ Given Names _____

Address _____ P/Code _____

Telephone: Private _____ Business _____

Occupation _____ Date of Birth / / Sex M / F

Driver Licence No. _____ Date Obtained / / Expiry Date / /

How long has Driver held a current Australian Drivers Licence? Years _____ Months _____

Is the Driver's Licence Learner Provisional Probationary Full

How often do you use this vehicle? Please state frequency Daily Weekly Other

Is the Driver The Owner An Employee Friend of the Insured A Relation

Was the Driver breath tested by the police? YES No

Was the Driver issued with a Breath Analysis Certificate by the police? YES No

If YES, what was the reading? _____

THE INSURED VEHICLE IS REGISTERED IN THE NAME

Did the Driver undergo a blood test and/or drug test? YES NO If YES, What was the Reading?

Did the Driver refuse to undergo any of the above mentioned tests? YES NO

Was intoxicating liquor or drugs consumed by the Driver during the 12 hours preceding the accident? YES NO

If YES, state how much and when

In the last 5 Years have you or anyone who is likely to drive the car:

a) Been charged or convicted or issued with an infringement notice for any motoring offence? YES NO

b) Had their Licence refused, Suspended, Cancelled or Endorsed? YES NO

c) Had an at fault accident with a motor vehicle or had a motor vehicle stolen, damaged (including hail) or destroyed by fire where recovery costs were not made by your insurer? YES NO

Have you or anyone who is likely to drive the car ever:

1) Been charged or convicted with a criminal offence? YES NO

1Have you or anyone who is likely to drive the car ever:

2) Had an insurance policy refused, denied or cancelled or special conditions applied, endorsed or excess YES NO

3) Imposed by an insurer? YES NO

If YES to any Question above, please provide FULL DETAILS Below

IF THERE IS NOT SUFFICIENT SPACE TO ANSWER THESE QUESTIONS PLEASE ADD A SEPARATE SHEET

DETAILS OF ACCIDENT

Date of accident _____ Time _____ am/pm

Exact place where accident occurred _____ Suburb/Town _____

Explain fully how the accident occurred _____

What speed limit applied in the area?

Estimated speed of your vehicle _____ 50 metres before impact _____ kph At time of impact _____ kph

Estimated speed of other vehicle _____ 50 metres before impact _____ kph At time of impact _____ kph

Was any traffic control sign facing you? YES No If YES, what type of sign? _____

Was any traffic control sign facing the other party? YES No If YES, what type of sign? _____

Where lights burning on your vehicle? YES No On other vehicle? YES No

Was any evasive action taken by your vehicle? YES No If YES, What? _____

Was any evasive action taken by the other vehicle? YES No If YES, What? _____

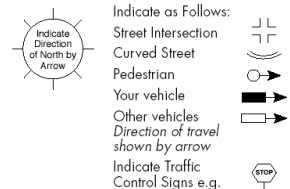
Who, in your opinion, was responsible for this accident?

What is your reason for thinking so?

Condition of Road Surface Dry Wet Loose

Did anyone admit responsibility for the accident, verbally or otherwise? YES No If YES, whom? _____

PLAN OF ACCIDENT Please sketch scene of accident. Show all traffic lights and street signs (Stop, Give Way etc)



THE POLICE

Did the Police attend the scene of the accident?

YES NO

If YES, name of Police Officer

Police Station

Event No

If the Police did not attend, to which Police Station did you report the accident?

Did you complete a self reporting collision report?

YES NO

To your knowledge, are the police laying any charges in regard to this accident?

YES NO

If YES, against whom?

On what charge(s)?

DAMAGE TO THE INSURED VEHICLE

Particulars of damage to the insured vehicle

Was the vehicle towed?

YES NO

Name of towing Company:

Distance the vehicle was towed:

kms

Full address where the vehicle can be inspected:

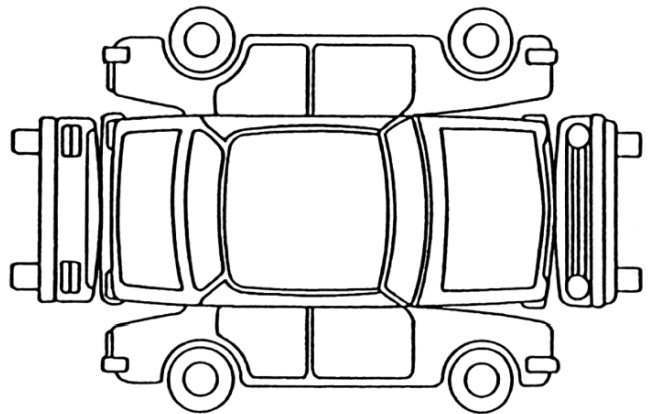
Telephone:

Please attach quotation for repairs

A quotation from one of our recommended repairers please telephone 1800 280 557 and speak to one of our Fastr Car Insurance claim consultants.

I hereby authorise you as my agent to remove the vehicle to any place of storage or repair and take any other action you consider necessary to implement repair or reinstatement of vehicle.

Signature of Policy Holder



OTHER VEHICLE(S) INVOLVED

Make of Vehicle

Registration No.

Colour

Driver's Name

Driver's Address

Tel

Owner's Name

Owner's Address

Tel

Insurance Company

Policy No.

Nature of damage to this vehicle

Value of Damage

Driver Licence No.

Expiry Date

Number of persons in Vehicle at time of accident

Was the owner in the vehicle at the time of accident? YES NO

Make of Vehicle

Registration No.

Colour

Driver's Name

Driver's Address

Tel

Owner's Name

Owner's Address

Tel

Insurance Company

Policy No.

Nature of damage to this vehicle

Value of Damage

Driver Licence No.

Expiry Date

Number of persons in Vehicle at time of accident

Was the owner in the vehicle at the time of accident? YES NO

PEDESTRIANS OR ANIMALS

Please provide full detail of owner of property/animals or details of any involved pedestrians

Surname	Given Names	Sex: M / F
Address		P/Code
Details of damage to other property		

DETAILS OF INJURIES

Particulars of damage to the insured vehicle

Name	Name
Address	Address
Telephone	Telephone
Type of Injury	Type of Injury
Tick if <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian	Tick if <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian

DETAILS OF WITNESS

Were there any witnesses YES NO

If YES, please provide details

Passenger in Insured Motor Vehicle

Surname	Given Names	Sex: M / F
Address		P/Code

Passenger in Other Motor Vehicle

Surname	Given Names	Sex: M / F
Address		P/Code

Independent Witness

Surname	Given Names	Sex: M / F
Address		P/Code

DECLARATION

- I/We declare that the forgoing particulars are true in every respect. 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.
- I/We understand that the applicable excess is payable under the conditions of the policy.
- I/We also agree to provide any further information required by the Company.
- I/We acknowledge that Fastr Car Insurance may give to, and obtain from, the other insurers and/or insurance Reference Bureaux, Personal information relating to the claim as well as insurance claims information obtained during the course of the contract.
- I/We have read and understood the Privacy Information attached to this form.

Signature of Driver Date / /

Signature of Insured Date / /

