

Commercial Motor Claim Form

To ensure that we are able to provide the highest level of claims service to you, **please complete all of the details** required in this Claim Form and return to our office as quickly as possible.

POLICY HOLDERS DETAILS

Insured Name:	Policy No.:	
Postal Address:	State:	Post Code:
Phone:	Mobile:	Fax:
Email:		

INSURED VEHICLE DETAILS

VEHICLE 1 Truck or Prime Mover	Year:	Make/Model:	Body Type:
	Rego:	Vin/Engine no:	
	Type of Freight being Carried:		
	Summary of Damage:		
VEHICLE 2 Trailer	Year:	Make/Model:	Body Type:
	Rego:	Vin/Engine no:	
	Type of Freight being Carried:		
	Summary of Damage:		
VEHICLE 3 Trailer	Year:	Make/Model:	Body Type:
	Rego:	Vin/Engine no:	
	Type of Freight being Carried:		
	Summary of Damage:		
VEHICLE 4 Trailer	Year:	Make/Model:	Body Type:
	Rego:	Vin/Engine no:	
	Type of Freight being Carried:		
	Summary of Damage:		

DRIVERS DETAILS

Surname: _____ Christian name: _____

Address: _____

_____ State: _____ Post Code: _____

Phone: _____ Mobile: _____ Fax: _____

Age: _____ Licence No: _____ **(A copy of Licence and Log Book is required)**

Licence classes: _____ Years of Experience with this licence class: _____

Did the Driver undergo a Drug or Alcohol test? Yes No

If 'Yes', what was the result? Positive Negative Reading: _____

Did the Driver refuse to undertake any Drug or Alcohol test? Yes No

Has the Driver been charged with any offence as a result of this Accident? Yes No

Was the Driver within the required Log Book hours? Yes No

Does the Driver have any physical or mental infirmities? Yes No

If 'Yes', please specify: _____

Was the Driver injured in this accident? Yes No

If 'Yes', please specify: _____

What is the Relationship between Driver and Owner: _____

ACCIDENT DETAILS

Date of Accident: _____ / _____ /20 _____ Time: am pm

What Town or Suburb: _____ Street/Hwy: _____ State: _____

Trip Details: Where did trip commence? _____

Date: _____ / _____ /20 _____ Time: am pm

Where were you travelling to? _____ ETA: _____

Full Description of Accident **(To be completed by the DRIVER):** _____

Who do you believe caused the accident and why? _____

OTHER PARTY/S

OTHER PARTY 1	Surname:	Christian Name:	
	Address:		
		State:	Post Code:
	Phone:	Licence No:	
	Details of car or property damaged:		
	Details of damage:		
	Name of Insurer:		
OTHER PARTY 1	Surname:	Christian Name:	
	Address:		
		State:	Post Code:
	Phone:	Licence No:	
	Details of car or property damaged:		
	Details of damage:		
	Name of Insurer:		
OTHER PARTY 1	Surname:	Christian Name:	
	Address:		
		State:	Post Code:
	Phone:	Licence No:	
	Details of car or property damaged:		
	Details of damage:		
	Name of Insurer:		

PRIVACY

We are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim only for the purpose of assessing and managing the claim. We may need to provide that information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with the claim. We will not trade, rent or sell your information.

If you don't provide us with complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, ask us for a copy.

DECLARATION

I declare that the answers to the questions in this Claim Form are to the best of my knowledge, true and correct and I have not withheld any information that is likely to affect consideration of this claim.

Where such answers are not in my own hand writing, I have checked these answers and Certify that they are correct.

Drivers Signature _____ Date: _____

Proposers Signature _____ Date: _____

Proposers Signature _____ Date: _____



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