

Motor Vehicle Claim Form

MAXTON INSURANCE BROKERS
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Maxrin Pty Ltd

ACN 008 133 524 / AFSL 257853
Level 1, 22 Fullarton Road,
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Dear Policyholder,

We're sorry to hear you've had an accident. Our aim is to settle your claim as quickly as possible.

You can help us do this by ensuring the enclosed claim form is completed promptly and that all questions are fully answered. If insufficient space, please attach a separate statement.

To ensure that repairs are underway quickly, you should obtain a repair quotation from a reputable repairer. A list of recommended repairers closest to you is available from our office.

The repair quotation together with the completed claim form should be forwarded to Maxton as soon as possible.

The information provided below may answer some of the questions which could arise following your claim:

- The excess must be paid to the repairer when you collect your car unless prior arrangements have been made with us. This must be paid even if you were not at fault. If the accident was clearly someone else's fault, we will take recovery action against the person responsible for the accident and will include the amount of your excess. In the case of third party only cover, the excess must be paid to your Insurer at the time of submitting your claim.
- Your no claim discount will not be affected provided you are able to prove that some person other than you or the driver of the insured vehicle was totally responsible for the accident and you are able to advise us of the name and address of that person.
- If the other party involved in the accident has stated that you are being held responsible for the damage to the other vehicle or property, you should indicate that you will be lodging a claim with us and that any demands for compensation will be handled by your Insurer. Do not admit liability or make any offers or promises of payment without our consent.
- If you receive a letter of demand and a quotation and/or account for the repairs to another person's vehicle or property, you must send this correspondence to us immediately. Any delays could result in additional costs.
- Even if you feel you were not responsible for the accident, do not ignore letters of demand from the other party. Any correspondence from the other party should be forwarded to us. If you fail to act on the other party's letter of demand, it may result in a summons being served on you. If this happens, you must contact us immediately.
- If you feel the repairs to your vehicle are unsatisfactory, you should discuss the problem with the repairer. If you are unable to reach agreement, then contact us.

If you have any problems during the period of your claim, please contact us and quote your claim number if you know it. We assure you of prompt attention to any queries you may have.

Section 1 – DETAILS OF THE INSURED

| | |
|-----------------|--|
| Policy Number | |
| Name of Insured | |
| Address | |
| Contact Number | |
| Email Address | |

Are you registered for GST? Yes No

Australian Business Number (ABN)? - - -

To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium? %

Are you the sole owner of the insured vehicle? Yes No

If NO, who is the owner?

Is the Vehicle Financed? Yes No

If YES, who is the Financier?

Section 2 – DRIVER DETAILS

Please complete these details in respect of the person in charge of the vehicle at the time of the accident.

| | | | |
|-----------------------------|--|--|-------------------------------|
| Surname | | Given Name(s) | |
| Address | | | |
| Mobile Number | | Phone Number | |
| Date of Birth | | <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| Drivers Licence | | | |
| Expiry Date of Licence | | How long has the driver held a driver's licence? | |
| Registered Owner of Vehicle | | | |

Have you had any insurance declined or cancelled, been refused renewal of an insurance or had special terms imposed in the last 5 years? Yes No

If YES, please give details

Was the vehicle being used with the full knowledge and consent of the policyholder? Yes No

What is the relationship of the Driver to the Policyholder? Self Relative Employee
 Friend Other

Have you had any traffic convictions or been involved in any Motor Vehicle accidents in the past five (5) years? Yes No

If YES, please give details

Have you been convicted of or had any fines or penalties imposed for any Criminal offences in the last ten (10) years? Yes No

If YES, please give details

Section 2 (cont.) – DRIVER DETAILS

Did you consume any alcohol or take any drugs during the Twelve (12) hours prior to the accident? Yes No

If YES, state how much and when

Did you undergo a breath test or blood test for alcohol or drugs? Yes No

If YES, what was the result

Did you refuse to undergo any of the above tests? Yes No

Section 3 – DETAILS OF THE INSURED VEHICLE

| | | | |
|---------------|--|------------------------------|--|
| Make / Model | | Vin Number | |
| Registration | | Year | |
| Engine Number | | Expiry Date of Registration: | |

Has there been any engine, body or transmission modifications from the manufactures original specification or any accessories added ? Yes No

If YES, please give details

| | | | |
|--------------------------|-------------------------------------|--------------------------|---|
| <input type="checkbox"/> | Sedan or Station | <input type="checkbox"/> | Bus or Coach |
| <input type="checkbox"/> | Van or Utility up to 2T | <input type="checkbox"/> | Light Construction or Earthmoving Plant |
| <input type="checkbox"/> | Rigid Vehicle over 2T and up to 5T | <input type="checkbox"/> | Heavy Construction or Earthmoving Plant |
| <input type="checkbox"/> | Rigid Vehicle over 5T and up to 10T | <input type="checkbox"/> | Trailer |
| <input type="checkbox"/> | Rigid Vehicle over 10T | <input type="checkbox"/> | Other |
| <input type="checkbox"/> | Articulated Prime Mover | | |

Section 3a – TRAILER DETAILS (if applicable)

| | | | |
|--------------|--|------|--|
| Make | | Type | |
| Registration | | Year | |

Section 4 – ACCIDENT DETAILS

| | | | | |
|------------------|--|------|--|-------|
| Date of Accident | | Time | | am/pm |
|------------------|--|------|--|-------|

Vehicle Use Business Private

What was the location of the Accident?

How did the Accident happen?

Please draw a plan of the accident. Show the nearest cross street; street names; centre of the roadway; direction and location of vehicles; location of traffic control signals and other useful information.

Indicate your own vehicle as A

Indicate any other vehicles as B

Who do you consider was at fault? Myself Other Driver

Estimated speed of YOUR vehicle just before the accident KPH

Estimated speed of OTHER vehicle just before the accident KPH

What was the condition of the road?

Sealed Unsealed Smooth Rough Wet Dry

Section 5 – DAMAGE TO INSURED VEHICLES

Was your vehicle damaged? Yes No

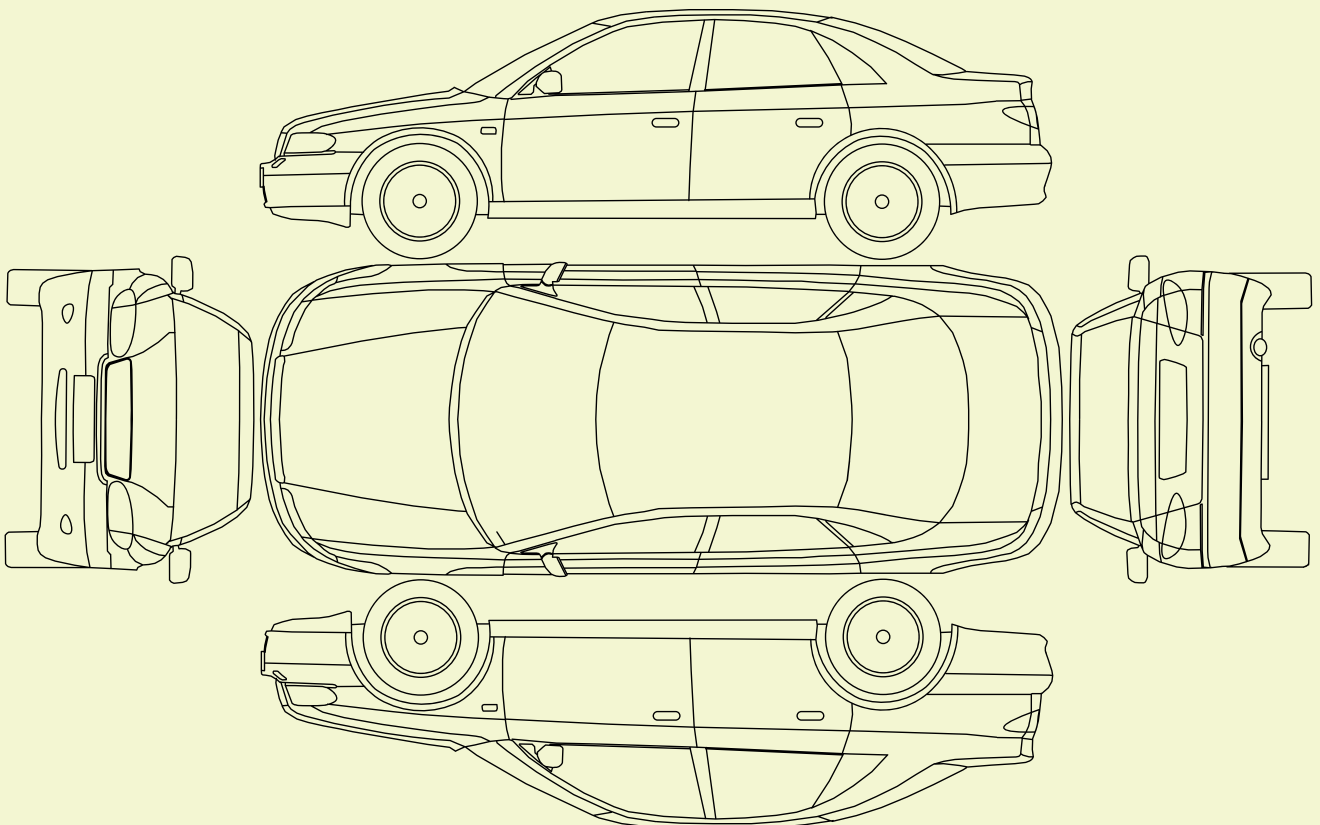
Was your vehicle towed away? Yes No

Have you obtained a repair quote? Yes No

Amount \$ (attach quote)

| | |
|-----------------------|--|
| Repairer Name | |
| Repairer Address | |
| Repairer Phone Number | |

Please indicate areas of damage to vehicle by using the “comment tab” to access “annotations or drawing markups”.



How was visibility? Good Moderate Poor

Were there any witnesses to the accident? Yes No

If YES, please provide names & addresses

Did Police attend the accident? Yes No

If YES, Police Station Name/Number of Officer

If NO, state time and date reported to Police

Did Police indicate who was responsible? Yes No

If YES, Name of Driver

Did Police charge either driver or suggest action may be taken? Yes No

Section 6 – DAMAGE TO OTHER VEHICLE OR PROPERTY

| | Vehicle or Property No. 1 | Vehicle or Property No. 2 |
|---------------------------------|---------------------------|---------------------------|
| Name of Other Driver | | |
| Age | | |
| Phone | | |
| Licence Number | | |
| Vehicle Make & Model | | |
| Registration Number | | |
| Name of Registered Owner | | |
| Address | | |
| Phone Number | | |
| The Other Insurance Company | | |
| Policy Number | | |
| Description of Damage | | |

Section 7 – PERSONAL INJURIES

Was anyone injured in the Accident?

Yes No

| Name | Type of Injury | Injured Party (Passenger / Driver) | Vehicle (Registration Number) |
|------|----------------|---------------------------------------|----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Section 8 – BANK DETAILS

Please provide bank details in order for your claim payment to be settled via EFT.

| | |
|---------------------|--|
| Bank BSB Number | |
| Bank Account Number | |
| Name of Bank | |
| Account Holder Name | |

Name Date

Signature

DECLARATION

The information and answers given above are a true and complete statement of the facts and matters relating to the happening for which this claim is made, and no information likely to affect this claim has been withheld. I authorise my Insurer to undertake on my behalf whatever actions are necessary to indemnify me within the terms of my policy including if necessary, removal of my vehicle to alternative premises to enable repairs to be carried out by a qualified Motor Body Repairer. I understand that this claim may be refused if information is untrue, inaccurate or concealed.

I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify Maxton Insurance Brokers in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

YOUR PRIVACY

The Privacy Act 1988 requires us to make the following disclosure before collecting personal information about you:

- We collect personal information in order to provide our broking services including assistance with insurance claims. We will ask you to supply personal information on this form so we can assist you to submit your insurance claim and have it considered by the insurer. We will disclose this information to the insurer for this purpose.
- If the personal information is not provided, the insurer may not be able to assess and pay the claim and we may not be able to assist with your claim.
- We and the insurer may disclose the personal information to other people involved in reviewing the claim, including reinsurers, other insurance intermediaries, the insurer's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process.
- Your information will be disclosed to organisations overseas if your policy is underwritten by an overseas insurer.
- By signing this form, you consent to us and the parties mentioned above collecting, using and disclosing personal and sensitive information about you for the purposes described above. You understand that any personal and sensitive information disclosed to organisations located overseas may not be protected in the same way as it is in Australia. Even though we have not control over how the information will be used and disclosed, you consent to us disclosing your personal and sensitive information to those overseas organisations for the purposes described above.

Further information about how to access the personal information we hold about, have it updated or corrected or how to make a complaint about how your personal information is in our Privacy Policy on our website: maxton.com.au

CONTACT US

You can contact our Privacy Officer using the details below:

PRIVACY OFFICER

Rina Cuzzocrea

rina@maxton.com.au

08 8363 0202

Level 1, 22 Fullarton Road, Kent Town, SA 5067