

Motor Accident Customer Benefit Form

Important Note

Take care to complete this form fully and correctly. Failure to disclose a material fact (any fact likely to influence the company's acceptance and assessment of this claim) will render the insurance claim void. If you are in doubt of the facts which might be considered material, you should disclose them.

PLEASE USE BLOCK LETTERS

A. General Information

Policy number:

Title:	Surname:	First name:
Drivers licence number:		Class date of issue:
Email address:		Contact number:
Postal address:		

B. Motor Vehicle details

Make:	Model:
Year of make:	Registration number:
Endorsements if any:	Mileage:
Reason for endorsement:	

N.B. A copy of the drivers licence must be submitted.

C. Accident Details

Time and place of accident			
Date:	Time:	Weather conditions:	
Describe the roadway and its conditions:			
Description of the accident			
Who authorised use of the vehicle?		Direction your vehicle was going?	
What side of the road?		What was your speed?	
If you collided with another vehicle what direction was it travelling in?			
Condition of you brakes:	Did the police attend	✓ Yes	No
If the police did not attend have you reported the accident?		✓ Yes	No
Which station and TAB number:			
Details of person (s) in your vehicle at time of the accident			
Person (s) injured			

D. Third Party Details

Damage to property of others									
Title:		Surname:				First name:			
Address:									
Type of property and extent of damage:									
If a motor vehicle what make?						Registration Number:			
Does he/she have insurance?		✓ Yes		No		With whom?			

E. Name and address of witnesses (IMPORTANT)

Title:	Surname:	First name:
Address:		

F. Damage to your vehicle

Parts damaged and extent:									
Address of person who caused the damage:									
Title:		Surname:				First name:			
Is the person insured?		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		Name of insurer:			
Where can the vehicle be inspected?									

Explanation of how the accident happened

I declare the above statement to be true and correct to the best of my knowledge and belief

G. Sketch plan

Name of roads, position of cars, persons, property, road signs, traffic lights, directions and locations etc.

H. Statement by insured

I/We declare the above to be correct and that no information has been withheld which would affect the acceptance of the claim by the insurer.

Signature of insured:	Date:
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