

Motor Vehicle Claim Report

Elders
Insurance

The issue and acceptance of this form does not constitute admission of liability.
PLEASE NOTE: Repair work should not be started without our authority.

Agent's Name **ELDER INSURANCE PTY LTD**

Policy Number **EJU775399BPK**

Part 1 INSURED'S DETAILS

Mr / Mrs / Ms / Other (please state) **MR** Surname **SINGH**
Given name(s) **SUCHA**
Postal address **8 TENTERFIELD GREEN HARRISDALE** State **W.A** Postcode **6112**
Phone numbers Home Work Mobile **0449746336**
Fax Email address **SUCHA.GCIS@GMAIL.COM**
Your preferred form of contact: Home phone ☐ Work phone ☐ Mobile phone ☒ Fax ☐ Email ☒
Date of birth **14/07/1980** If a business, name of contact person

Part 2 GST DETAILS

IMPORTANT: We cannot deal with your claim unless this information is provided.
Please consult your Accountant if you are unsure how to answer these GST questions.

- Are you registered for GST purposes? No ☐ Yes ☒
If "No", please go to Part 3. If "Yes" what is your ABN? **96602742683**
- Have you claimed or do you intend to claim an input tax credit on the GST applicable to the premium for this Policy? No ☐ Yes ☒
If "Yes", is the amount claimed or intended to be claimed less than 100% of the GST applicable to the premium? No ☒ Yes ☐
If "Yes", please specify the percentage amount claimed or intended to be claimed. %
- Are you entitled to claim an input tax credit for repairs/maintenance or replacement of your vehicle? No ☒ Yes ☐
If "Yes", is the amount claimable less than 100%? No ☐ Yes ☐
If "Yes", please specify the percentage amount claimable. %

Part 3 INSURED VEHICLE DETAILS

Registration number **1GSW072** Make **HINO** Model **GH500**
Year of manufacture **2017** Colour **WHITE** Odometer reading **85320**
Engine number VIN number **JHDGH1AT1XXX10039**
Registered owner **RATAN PTY LTD**
Address **8 TENTERFIELD GREEN HARRISDALE** State **W.A** Postcode **6112**
1. Does any other party (e.g. finance company) have an interest in the vehicle? No ☒ Yes ☐
If "Yes", please provide the company's name and address.

Part 3**INSURED VEHICLE DETAILS**

2. Apart from standard modifications made by the original manufacturer, have there been any modifications made to the vehicle, or accessories added to the vehicle, which increase or enhance performance, such as (but not limited to) turbo charge, engine modifications, fuel or air system modifications, wide tyres or wheels, spoilers, alteration of suspension, high performance suspension etc? No ☒ Yes ☐

If "Yes", what modifications have been made and/or accessories fitted?

3. How much did the modifications and/or accessories cost in total? \$

4. Was your vehicle stolen? No ☒ Yes ☐

If "Yes", please go to Part 6.

Part 4**DRIVER'S DETAILS**

Mr / Mrs / Ms / Other (please state)

MR

Driver's Surname

SINGH

Given name(s)

JASKARAN

Address

13 SORRENTO ROAD PIARA WATERS

State

W.A

Postcode

6112

Date of birth

23/09/1992

Driver's age on day of accident

29 YRS.

Phone Numbers

Home

Work

Mobile

0406400005

Driver's licence number

Expiry date

/ /

Years held

Type of licence Full ☒

Learners ☐

'P' Plates ☐

Motor Cycle ☐

Other (explain)

No ☐ Yes ☒

1. Was the vehicle being used with the Insured's permission? No ☐ Yes ☒

If "No", please explain.

2. For what purpose was the vehicle being used?

Business ☒

Private ☐

3. What is the driver's relationship to the Insured?

Insured was driving ☐

Friend ☐

Employee ☒

Family member ☐

→ Please state relationship, e.g. wife, son etc.

Other ☐

→ Please explain.

4. What % of time does the driver use the vehicle? 100%

5. Was the driver injured? No ☒ Yes ☐

If "Yes", when and where was treatment received?

6. Did the driver consume any alcohol or take any drugs in the 12 hours before the incident? No ☒ Yes ☐

If "Yes", please give details of what was consumed, and the amount consumed.

7. Was the driver breath tested or blood tested for alcohol or drugs? No ☒ Yes ☐

If "Yes", was the test conducted by the police or at a hospital? Police ☐ Hospital ☐

What was the reading? % Please attach the original certificate.

8. Did the driver refuse to be tested for alcohol or drugs? No ☒ Yes ☐

If "Yes", please explain reasons.

ACCIDENT / INCIDENT DETAILS

1. Day of accident (e.g. Friday) THURSDAY Date 12/05/22 Time 1:30pm

2. Where did it occur? (If appropriate, please give name of street and suburb.)
13 BALING STREET, COCKBURN (ROCKY BAY INDUSTRIES)

3. At the time of the accident was your vehicle:
being driven? No Yes
parked? No Yes
being hired out by you to a customer? No Yes

4. If it was being driven, what is your estimate of your speed 25 metres from impact? km/h

5. What is your estimate of the speed of the other vehicle 25 metres from impact? km/h

6. What were the weather conditions? (Please tick whichever boxes are appropriate).
Day Night Dusk Dawn Sunny Cloudy
Light rain Heavy rain Foggy Other, please explain.

7. Was your visibility good? No Yes
If "No", please explain:

8. Did the accident happen after sunset? No Yes
If "Yes", was there street lighting? No lighting at all Yes, but lighting was poor Lighting was good

9. Please describe the road surface. (Please tick whichever boxes are appropriate).
Sealed Unsealed Wet Dry
Other, please explain.

10. Is your vehicle a commercial goods carrying vehicle? No Yes
If "Yes", what was being carried?
DRY GOODS, VEHICLE CARRIED PALLETS
Weight of load 1500kgs

11. Was the accident caused by any failure or breakdown of your vehicle? No Yes
If "Yes", please explain.

12. How did the accident happen?

After finished my delivery at Oriental foods I started Reverse my vehicle into the street. As I remembered, I left site safely without any damage on the gate of across the road business at (Rocky Bay industries) at 13 Baling street Cockburn but As per business owner named Tamara complaint about made a damage on the main metal sliding door & damage on the metal fence as well but as per my knowledge I didn't made any damage and haven't heard any noise at the back of my truck too. I have asked Tamara to provide witness or video footage then she has provided a video footage which is not enough evidence to prove my fault or mistake. Sometimes similar colour trucks comes & goes to businesses which means no one can't blame at the particular truck to put liability on it. So I am not in fault & not responsible for any damage

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Part 5

ACCIDENT / INCIDENT DETAILS

In the space below please draw a sketch of the accident scene to show the positions of the vehicles at the time of impact. On your sketch please record the street names and show the road lines and lane markings, and use the following symbols to indicate where the vehicles, witnesses and road signs were located.

Your vehicle



Other vehicles



Witness **W(1)**

Witness **W(2)**

Traffic lights **T**

Stop sign **S**

Give way sign



<div style="border: 1px dashed black; width: 100%; height: 100%; position: relative;"> <!-- Grid lines --> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0;"> <div style="position: absolute; top: 0; left: 0; right: 0; height: 1px; background: 1px dashed black;"></div> <div style="position: absolute; top: 25%; left: 0; right: 0; height: 1px; background: 1px dashed black;"></div> <div style="position: absolute; top: 50%; left: 0; right: 0; height: 1px; background: 1px dashed black;"></div> <div style="position: absolute; top: 75%; left: 0; right: 0; height: 1px; background: 1px dashed black;"></div> <div style="position: absolute; top: 100%; left: 0; right: 0; height: 1px; background: 1px dashed black;"></div> </div> </div>	<p style="text-align: center;">(Freehand)</p> <div style="border: 1px solid black; height: 200px;"></div>
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13. Who do you think was to blame, and why?

- N.A. -

14. Did anyone admit they were to blame?

No ☒ Yes ☐

If "Yes", who admitted blame, and what did they say?

15. Did your vehicle cause damage to property (e.g. fence, traffic sign, etc.)?

No ☒ Yes ☐

If "Yes", please give details.

16. Were there any witnesses to the accident?

No ☒ Yes ☐

If "Yes", please provide details. *video footage but not related to my vehicle.* **(If there is insufficient space, please record details on an attached sheet).**

Witness 1

Mr / Mrs / Ms / Other (please state)

Surname

Given name(s)

Phone no.

Address

State

Postcode

Was this person a passenger in your vehicle?

No ☐ Yes ☐

If "No", where was the witness located?

Witness 2

Mr / Mrs / Ms / Other (please state)

Surname

Given name(s)

Phone no.

Address

State

Postcode

Was this person a passenger in your vehicle?

No ☐ Yes ☐

If "No", where was the witness located?

Part 6**THEFT DETAILS (to be completed if the vehicle was stolen)**

1. At what date and time was the vehicle left parked?

Day (e.g. Friday)

Date

 / /

Time

 am/pm

2. At the time your vehicle was stolen, was it being hired out by you to a customer?

No ☐Yes ☐

3. Please give details of the person who last drove the vehicle before it was stolen.

Mr / Mrs / Ms / Other (please state)

Surname

Given name(s)

Phone no.

Address

State

Postcode

4. Where was the vehicle stolen from (address)?

5. Why was your vehicle left there?

6. Did the driver lock the vehicle?

No ☐Yes ☐

7. Were there spare keys for the vehicle?

No ☐Yes ☐

If "Yes", where were those keys located at the time the vehicle was stolen?

8. Is your vehicle fitted with an alarm or immobiliser?

No ☐Yes ☐

If "Yes", was the alarm or immobiliser turned on?

No ☐Yes ☐

If it was not turned on, please explain why.

9. Give details of any other device which was fitted to the vehicle to prevent it being stolen (e.g. steering wheel lock).

10. When did you discover that the vehicle had been stolen?

Date

 / /

Time

 am / pm

11. How did you discover that the vehicle had been stolen?

12. What were you doing from the time when the vehicle was left parked until you discovered it had been stolen?

13. How did you get home after the theft?

14. Who reported the theft to the Police?

15. Has the vehicle been found?

No ☐Yes ☐

If "Yes", who found it?

16. Where was it found?

17. When was it found?

Date

 / /

Time

 am / pm

18. When and how did you discover that it had been found?

19. Have you seen the vehicle since it was found?

No ☐Yes ☐

If "Yes", what type/s of damage has it sustained?

No damage ☐Burnt ☐Accident damage ☐Stripped ☐

If the vehicle has been recovered in a damaged condition, please complete Part 7.

Part 7**VEHICLE DAMAGE DETAILS**

Are you claiming for the damage to your vehicle?

No ☒ Yes ☐

If "No", go to Part 8.

1. Is your vehicle driveable?

No ☐ Yes ☐

If "No": how did the driver get home?

at what address can your vehicle be inspected during business hours?

2. Was it towed from the accident scene?

No ☐ Yes ☐

If "Yes": who arranged the towing?

name the towing company.

How far was it towed?

kms

3. Have you obtained a repair quote?

No ☐ Yes ☐

If "Yes", please attach the quote.

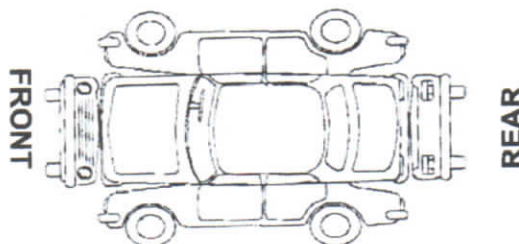
If "Yes", name of crash repairer.

How much is the quote?

\$

Please shade in the areas of damage on the vehicle.

Use an arrow to show the point of impact.



4. Did the vehicle have any damage (e.g. dents, major scratches, rust, etc.) before the accident / theft?

No ☐ Yes ☐

If "Yes", please describe the type and location of the damage.

Part 8**THIRD PARTY DETAILS**

(If more than two other vehicles involved, please record details on an attached sheet.)

Third Party 1

Mr / Mrs / Ms / Other
(please state)

Surname

Given name(s)

Address

State

Postcode

Phone number

Type of vehicle (e.g. Ford Falcon sedan)

Colour

Registration number

Third Party's insurance company

Policy number

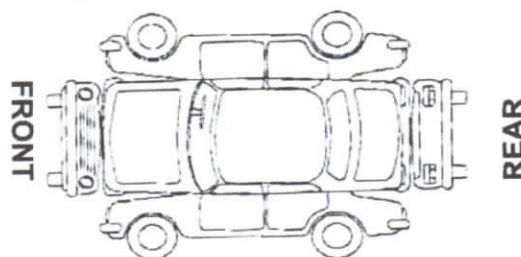
1. Was the vehicle damaged?

No ☐ Yes ☐

If "Yes", please complete the following:

Please shade in the areas of damage on the vehicle.

Use an arrow to show the point of impact.



Part 8**THIRD PARTY DETAILS****Third Party 2**Mr / Mrs / Ms / Other
(please state)

Surname

Given name(s)

Address

State

Postcode

Phone number

Type of vehicle (e.g. Ford Falcon sedan)

Colour

Registration number

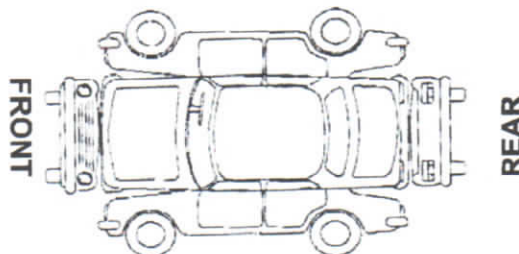
Third Party's insurance company

Policy number

No ☐ Yes ☐

1. Was the vehicle damaged?

If "Yes", please complete the following:

Please shade in the areas of
damage on the vehicle.Use an arrow to show the
point of impact.**Part 9****POLICE DETAILS**

1. Have the Police been notified?

No ☐ Yes ☐

2. Did the Police attend the accident scene?

No ☐ Yes ☐Not applicable – vehicle was stolen ☐

3. Who reported the accident or theft to the Police?

4. Date reported

/ /

Time reported

am / pm

Which Police station?

Name of Officer

Police report number

5. Are the Police charging anyone?

Don't know ☐ No ☐ Yes ☐

If "Yes", who has been charged?

What offences have they been charged with?

Part 10**HISTORY DETAILS**

To be completed for Personal Insurance Policy, Farm Insurance Policy, Business Insurance Policy or Commercial Motor Insurance Policy

(If insufficient space, please record details on a separate sheet and attach).

Accidents

1. During the past 5 years only, have you or any of the drivers of your vehicle(s):

had any accidents or had a vehicle stolen or maliciously damaged, whether a claim was lodged or not (excluding claims against QBE Insurance (Australia) Limited)?

No ☒ Yes ☐

If "Yes", please provide full details.

Who was driving, or in charge of the vehicle?	Type of loss (i.e. accident or theft)	Date of loss	Value of loss	Insurance company (if applicable)
		/ /	\$	
		/ /	\$	
		/ /	\$	
		/ /	\$	
		/ /	\$	

Traffic offences

2. During the past 5 years only, have you or any of the drivers of your vehicle(s):

- a. been fined for, charged with or convicted of a driving offence, including speeding (other than a parking offence)?

No ☒ Yes ☐

If "Yes", please provide details.

Name of offender	Details of offence	Date of offence	Date of conviction or fine	Penalty imposed
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	

Please give details of any outstanding charges.

Name of offender	Details of offence	Date of offence	Date charged	Date when case will go to court
		/ /	/ /	/ /
		/ /	/ /	/ /
		/ /	/ /	/ /
		/ /	/ /	/ /
		/ /	/ /	/ /

- b. had a driving licence suspended or cancelled, or had special conditions imposed on a driving licence?

No ☒ Yes ☐

If "Yes", please provide details.

Driver name	Details

To be completed for Personal Insurance Policy

1. Have you, the driver or any person living permanently with you:

- a. in the last 5 years been refused insurance, had an insurance renewal declined, an insurance policy cancelled, or had any special terms or conditions imposed by an Insurer (other than any imposed by QBE Insurance (Australia) Limited)?

No ☒ Yes ☐

If "Yes", please provide details.

- b. in the last 10 years been convicted of, been charged with or had any fines or penalties imposed for any act involving drugs, dishonesty, arson, theft, fraud or violence against any person or property?

No ☒ Yes ☐

If "Yes", please provide details below.

Convictions

Name of offender	Details of offence	Date of offence	Date of conviction	Penalty imposed
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	

Prosecutions Pending

Name of offender	Details of offence	Date of offence	Date charged	Date when case will go to court
		/ /	/ /	/ /
		/ /	/ /	/ /
		/ /	/ /	/ /
		/ /	/ /	/ /
		/ /	/ /	/ /

- c. lodged any insurance claims the last 5 years which would have been covered by a part of this Policy?

No ☒ Yes ☐

- d. had loss or damage in the last 5 years that you did not claim for, and would have been covered by a part of this Policy?

No ☒ Yes ☐

If have answered "Yes" to either of the above questions, please provide details.

Type of loss (i.e. accident or theft)?	Date of loss	Value of loss	Insurance company (if applicable)
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	

2. Are you or any person living permanently with you an undischarged bankrupt?

No ☒ Yes ☐

If "Yes", please give details.

Part 12

FARM INSURANCE POLICY, BUSINESS INSURANCE POLICY OR COMMERCIAL MOTOR INSURANCE POLICY HISTORY DETAILS

To be completed for Farm Insurance Policy, Business Insurance Policy or Commercial Motor Policy,

1. Have you, the driver, or any of your directors or partners:

- a. in the last 5 years been refused insurance, had an insurance renewal declined, an insurance policy cancelled, or had any special terms or conditions imposed by an Insurer (other than any imposed by QBE Insurance (Australia) Limited)?

No ☒ Yes ☐

If you have answered "Yes", please provide details.

- b. - had any adult charges, convictions, fines or penalties imposed that are less than 10 years old; or more than 10 years old where the sentence imposed was imprisonment for a period of greater than 30 months for:
- had any juvenile convictions that are less than 5 years old, or more than 5 years old where the sentence imposed was imprisonment for a period greater than 30 months for:
- prosecutions pending for:
- any act involving drugs, dishonesty, arson, theft, fraud or violence against any person or property?

No ☒ Yes ☐

If "Yes", please provide details below.

Convictions

Name of offender	Details of offence	Date of offence	Date of conviction	Penalty imposed
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	

Prosecutions Pending

Name of offender	Details of offence	Date of offence	Date charged	Date when case will go to court
		/ /	/ /	/ /
		/ /	/ /	/ /
		/ /	/ /	/ /
		/ /	/ /	/ /
		/ /	/ /	/ /

- c. lodged any insurance claims the last 5 years which would have been covered by a part of this Policy?
- d. had loss or damage in the last 5 years that you did not claim for, and would have been covered by a part of this Policy?

No ☒ Yes ☐

No ☒ Yes ☐

If you have answered "Yes" to any of the above questions, please provide details.

Type of loss (i.e. accident or theft)?	Date of loss	Value of loss	Insurance company (If applicable)
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	

- e. been declared bankrupt, owned or own a business which has been placed into liquidation or had a receiver or administrator appointed?

No ☒ Yes ☐

If "Yes", please give details.

The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, external claims data collectors, investigators, agents, Insurance Reference Services, or other parties as required by law. For further information on how we handle your personal information, please contact your Elders Insurance Authorised Representative or The Compliance Manager QBE Insurance (Australia) Limited GPO Box 82 Sydney NSW email compliance.manager@qbe.com.

I/We consent to the storage, use and disclosure of personal and sensitive information relevant to the investigation, assessment and processing of this claim.

I/We have gained consent from, and made all parties aware of, the inclusion of their personal and sensitive information, relevant to this claim, in this Motor Vehicle Claim Report.

I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information, then QBE Insurance (Australia) Limited will be unable to process my/our claim.

WARNING: Appropriate action will be taken against persons found to have lodged a fraudulent claim.

I/We certify that the information given in this form is truthful, accurate and complete. 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.

Signature of driver

X 

Date

24 10 5 1 22

Signature of insured

X 

Date

24 10 5 1 22