



Commercial Motor Vehicle Claim Form

Please help us to help you by:

- Completing all relevant questions in full as this can avoid the need for further enquiry and possible delay in settling your claim
- Signing and dating page 6 of this form

Insurance fraud is a crime – please ensure all information is correct

Policy holder(s) details

Policy No: Claim No:
(If known)

Full Name (Mr, Mrs Miss, Ms)

Postal Address Date of Birth / /

Phone Numbers (Private) (Business) (Mobile)

Email (Private) (Business)

Occupation Employer

Person driving or in charge of the vehicle (to be completed, even if parked)

Full Name (Mr, Mrs Miss, Ms)

Postal Address

Phone Numbers (Private) (Business) (Mobile)

Email (Private) (Business)

Date of Birth / / Relationship to Policyholder

Occupation

Are they the main driver of the Insured vehicle? YES NO

If not the Policyholder, does the driver own a vehicle? YES NO

Insured with Make/Model Registration No

Has the driver had any other accident, loss or claim in connection with any vehicle during the past five years? YES NO

If YES, please give details. Include the date and circumstances of accident/loss.

Has the driver ever been charged or convicted of any criminal or motoring offence or received any traffic infringement notice? If YES, please give details. Include offence code.

YES NO

Has the driver's licence been cancelled, suspended or endorsed at any time? If YES, please give details. Include penalty points.

YES NO

Has the driver had any condition which could affect their fitness as a driver, e.g. diabetes, epilepsy, heart conditions, physical or mental illness or disability? If YES, please give details. Include daily dose and drug name.

YES NO

Within 12 hours before the accident, had the driver

Consumed intoxicating liquor?

YES NO

If YES, state quantity

Taken any drugs?

YES NO

If YES, state type and purpose

Since the accident has the driver

Undergone a breath test?

YES NO

If YES, indicate result POSITIVE / NEGATIVE

Undergone a blood test?

YES NO

If YES, indicate official results

Insured vehicle

Registration No

Make/Model

CC rating

W.O.F No

Expiry date

Issued by

Year of manufacture

Date of purchase

/ /

Purchase price

\$

Name of registered owner

Address of registered owner

Is the vehicle the subject of any hire, lease or finance agreement including hire purchase?

YES NO

If YES, please give name and address.

Name	Address
<input type="text"/>	<input type="text"/>

Has the vehicle been modified in any way?

YES NO

If YES, please give details.

Is there any other insurance on the vehicle or its accessories?
If YES, please give details.

YES NO

[Shaded area for providing details of other insurance]

Use of the Insured vehicle

Was the vehicle being used with the policyholder's knowledge and permission?
If NO, please give full details.

YES NO

[Shaded area for providing details of vehicle use]

State the exact purpose for which the vehicle was being used at the time of the accident ("private" is not sufficient)

[Shaded area for stating the purpose of vehicle use]

Damage to Insured vehicle

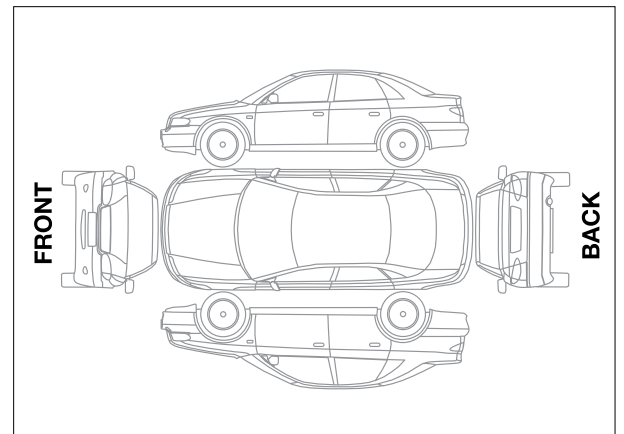
Give particulars of damage and estimated cost of repairs (if known)

[Shaded area for describing damage and repair costs]

Estimated cost of repairs

[Shaded area for estimated cost of repairs]

Indicate damaged areas below:



Was there any unrepaired damage or rust in the vehicle immediately prior to the accident?
If YES, please advise where and what:

YES NO

[Shaded area for describing unrepaired damage or rust]

Name of repairer

[Shaded area for name of repairer]

Address of repairer

[Shaded area for address of repairer]

Phone Number

[Shaded area for phone number]

Is the vehicle still in use?
If NO, where is the vehicle now?

YES NO

[Shaded area for vehicle status and location]

Who should we contact to make any appointments to inspect the vehicle?

Name

Address

Phone Number

Accident Details

What, in your opinion, caused the accident?

Date / / Time : am / pm Was it ... Daylight Dusk Dark (tick one)

Location of accident (Street/Town/City)

Weather: Fine Bright sun Light rain Heavy Rain Overcast Fog

Conditions of road surface: Wet Dry Gravel Seal Other

Lighting on your vehicle: Not on Park Dip Full

Lighting on third party vehicle: Not on Park Dip Full

Was any street lighting switched on? Yes No

What speed limit was in force? What was your speed?

Description of accident circumstances:

Explanatory sketch: (please indicate the layout of road(s) and approximate measurements; names of street(s)/Road(s); position of vehicles and persons involved; the direction in which vehicles were travelling; the registration marks of all vehicles, where known; any road markings, road signs, traffic lights, street lights, pedestrian crossings)

Your Vehicle

Other vehicle(s)

Police

Was the accident reported to the police? YES NO

Did the police attend the scene of the accident? YES NO

If YES, name/number of officer Station

Have the police issued a Notice of Intended Prosecution, or given any verbal warning?
If YES, to who and for what alleged offence? YES NO

Details of driver's licence

Licence number

Type of licence (learners / restricted / full)

For what class of driving is it valid Issued by Expiry date / /

Witnesses - including all passengers travelling in your vehicle

Name & phone number	Address	Where was the witness at the time of the accident?
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other vehicles involved

Has a claim been made on you? YES NO If no other vehicles were involved, please write "NONE"

Name / phone / address of owner/driver	Make / Model	Rego No.	Apparent damage	Insurers & Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other property damaged

Has a claim been made on you? YES NO If no other vehicles were involved, please write "NONE"

Name, phone & address of owner	Description of property and apparent damage	Insurers & Policy No.

Declaration

I/We hereby declare that the foregoing particulars are true to the best of my/our knowledge and belief and I/We undertake to assist the Company to the full dealing with the matter and undertake to supply such additional information as may be required by the Company. I/We intend to claim indemnity under my/our policy in respect of this accident and authorise repairs to be commenced. I/We agree that any instructions given by the Company for the repair of the vehicle will be taken as being given on my/our behalf.

I/We understand that:

- The personal information provided in this claim form is being collected by TLC Insurance Ltd to enable it to evaluate my/our claim.
- I/We am/are required to co-operate with TLC Insurance Ltd and provide this information and if I/We do not, TLC Insurance Ltd may decline my/our claim.
- I/We have certain rights of access to and correction of the personal information provided by me/us on this claim form or in support of this claim, but if I/We do provide any incorrect information, TLC Insurance Ltd may be entitled to decline the claim whether or not it is later corrected.
- I/We authorise TLC Insurance Ltd to obtain personal information about me/us from any other party and to release that information to other parties if requested.

Signature of Insured Signature of Operator Date

PLEASE NOTE:

1. It is essential that this form be returned with all questions fully answered at the earliest opportunity.
2. Do not reply to any communication received from a third party but forward such communication to us.
3. The Company's acceptance of this form duly completed must not be taken as an admission of liability.
4. THE MAKING OF FALSE REPRESENTATION WITH A VIEW TO OBTAINING BENEFIT UNDER AN INSURANCE POLICY CONSTITUTES AN OFFENCE UNDER THE CRIMES ACT OF 1981. EVERY PERSON WHO COMMITS SUCH AN OFFENCE IS LIABLE TO IMPRISONMENT FOR A TERM NOT EXCEEDING SEVEN YEARS.

I / We declare that where this Claim Form is completed in electronic form and submitted without a hand-written signature, the inclusion of a name in the signature panel shall be sufficient to acknowledge acceptance of these matters and shall be treated as the signature of the person named in the signature panel as the Insured, or the insured's duly authorised representative.