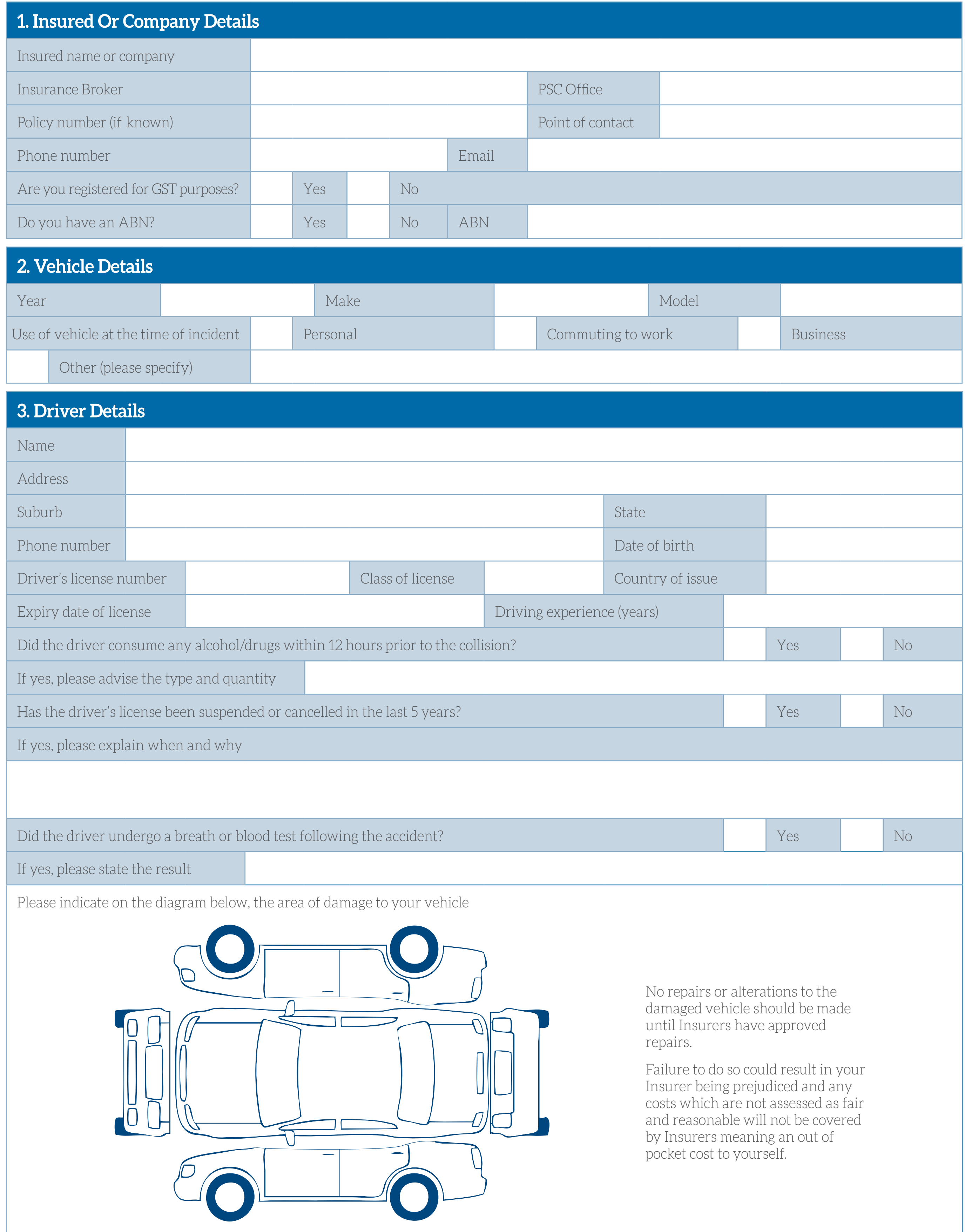
MEDIPROTECT
A PSC Insurance Group Business
We Care. You're Protected.

Motor Claim Form

Please ensure you complete this form with as much detail as possible:



1. Insured Or Company Details

Insured name or company					
Insurance Broker		PSC Office			
Policy number (if known)		Point of contact			
Phone number		Email			
Are you registered for GST purposes?		Yes		No	
Do you have an ABN?		Yes		No	ABN

2. Vehicle Details

Year		Make		Model			
Use of vehicle at the time of incident		Personal		Commuting to work		Business	
	Other (please specify)						

3. Driver Details

Name			
Address			
Suburb		State	
Phone number		Date of birth	

Driver's license number		Class of license		Country of issue	
Expiry date of license		Driving experience (years)			

Did the driver consume any alcohol/drugs within 12 hours prior to the collision?		Yes		No
If yes, please advise the type and quantity				
Has the driver's license been suspended or cancelled in the last 5 years?		Yes		No
If yes, please explain when and why				
Did the driver undergo a breath or blood test following the accident?		Yes		No
If yes, please state the result				

Please indicate on the diagram below, the area of damage to your vehicle

No repairs or alterations to the damaged vehicle should be made until Insurers have approved repairs.

Failure to do so could result in your Insurer being prejudiced and any costs which are not assessed as fair and reasonable will not be covered by Insurers meaning an out of pocket cost to yourself.

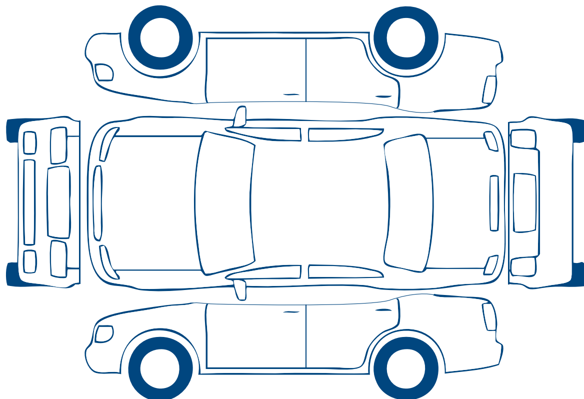
4. Details Of The Accident

Who do you consider at fault?		Own		Third party		
Date		Time				
Location the accident occurred						
What speed were the vehicles travelling at the time of the loss/damage occurring? (If applicable)	Yours		Theirs			
Your vehicle registration		Other vehicle registration				
What were the conditions at the time of the accident? (weather, lighting and condition of road)						
Please provide a detailed description of how the accident occurred						
Was your vehicle towed from the accident scene?		Yes		No		
If yes, name of towing company						
Phone number						
If no, please advise the location of the vehicle						
Suburb		State				
Is your vehicle currently at a repair shop?		Yes		No		
If yes, name of repairer						
Phone number		Email				
Address						
Suburb		State				

5. Third Party Details

Driver's name		Driver's address			
Suburb		State			
Driver's license number		Date of birth			
If you are not the registered owner of the vehicle, please complete the following					
Registered owner's name		Owner's address			
Suburb		State			
Owner's phone number		Email			
Year		Make		Model	

Please indicate on the diagram below, the area of damage to the third party vehicle



If you are at fault for this accident: please ensure you advise the third party to contact your Insurer to discuss this matter further.

Do not accept liability nor should you advise the third party to proceed with the repairs without your insurer's authority.

If you feel a diagram will assist in explaining the accident, please provide this as an additional attachment to this form.

6. Theft Of Vehicle

(Yes is required for all malicious damage or theft/burglary claims)				
Has your vehicle been stolen		Yes		No (please move to section 7)
Location or address where the theft occurred?				

7. Witness Details

(Witnesses cannot be friends, family or someone who you know)			
Name			
Address			
Suburb		State	
Phone number		Email	

8. Police Involvement

Did the police attend the scene of accident?		Yes		No
If no, was the incident reported to the police?		Yes		No
Please provide details				
Officer		Police station		
Police report number		Phone number		

9. Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information. I/we agree that, by submitting this form, the personal information I/we provide to PSC Insurance Brokers in this form or otherwise may be collected, held, used and disclosed in the manner set out in the PSC Privacy Policy found at www.pscinsurance.com.au/privacy, including for processing this claim.

Name			
Signature		Date	

Please complete the claim form electronically and click "Submit Claim Form" to email it to our claims team at claims@imga.com.au, or compete by hand and email this claim directly back to your broker. Your completed claim form will be sent to our Claims Team and you will be contacted within one business day.