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		

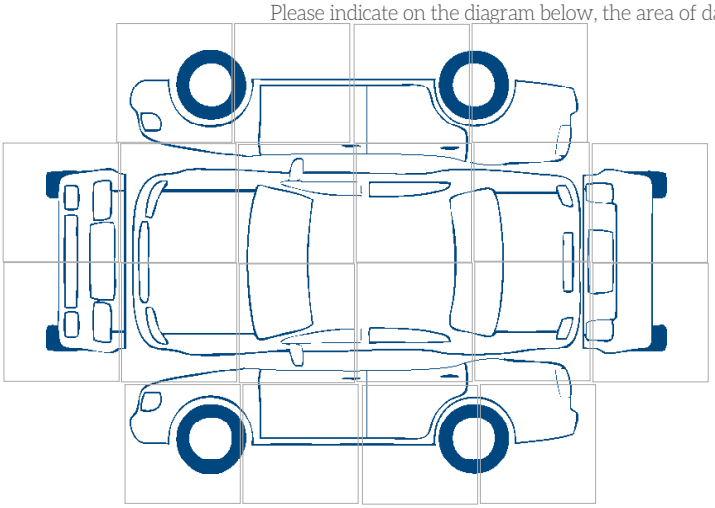
2. Vehicle Details

VIN/Serial Number/Engine Number				Registration	
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



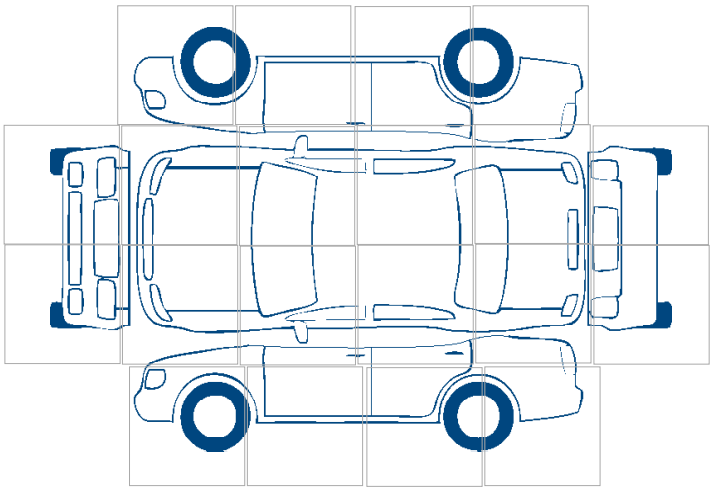
No repairs or alterations to the damaged vehicle should be made until Insurers have approved repairs.

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. Third Party Details

Vehicle Registration Number		Year	
Model & Make		Driver Name	
License number		DOB	
Driver phone number		Drivers Address, suburb, state	
Registered owners name			
Owners address			
Suburb		State	
Owners phone number			

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.

Draw a plan of the accident showing the nearest cross street, street names, the centre and width of the road, all road signs and markings, and the direction and position of all vehicles. Mark your vehicle as [A] and any other vehicle as [B].

5. 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
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				

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 (Aust) Pty Ltd in this form or otherwise may by collected, held, used and disclosed in the manner set out in the PSC Privacy Policy found at http://www.pscinsurance.com.au/privacy including for processing this claim.

Name			
Signature		Date	

Please complete the claim form 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.