

Motor Vehicle Claim Form



It is essential that this form be returned directly to Ansvar Insurance, with all questions answered, at the earliest opportunity.
Please print your answers and ☒ where appropriate.

Office use only Claim number

1. Policyholder details

Name/Business name

Policy number

Address

State

Postcode

Telephone: Home

Telephone: Work

Telephone: Mobile

Fax number

Email

Occupation

2. Insured Vehicle

Registration number

Year of manufacture

Make

Model

Body type (eg. Sedan)

Odometer reading

Expiry date of registration

Has the vehicle been modified or fitted with accessories or optional extras other than those supplied at the maker's option?

☐ Yes ☐ No *If yes, describe the modifications/accessories*

Was there any unrepaired damage to the vehicle before the incident? ☐ Yes ☐ No *If yes, please provide details*

When was the vehicle purchased?

Amount Paid

Is the vehicle under finance? ☐ Yes ☐ No *Name of finance company*

Amount outstanding

For what purpose was the vehicle being used at the time of the collision? eg. private use only, carrying goods in connection with business etc?

Was any other insurance (other than Compulsory Third Party Insurance) in force on the vehicle at the time of the collision?

☐ Yes ☐ No *If yes, state the name of the insurance company*

3. Person in charge of vehicle at time of loss

Name

Date of birth

Address

Telephone number

Victoria
AD GPO Box 1655
Melbourne 3001
FX +61 3 9614 1545

New South Wales
AD PO Box 1410
Parramatta 2124
FX +61 2 9687 9564

Queensland
AD GPO Box 747
Brisbane 4001
FX +61 7 3221 6721

South Australia
AD PO Box 630
Fullarton 5063
FX +61 8 8338 1920

Western Australia
AD PO Box 840
West Perth 6872
FX +61 8 9324 2013

Tasmania
AD PO Box 330
Launceston 7250
FX +61 3 9614 1545

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Describe the damage to your vehicle directly resulting from this collision

The diagram illustrates the correct positioning for a safe exit from a vehicle. It shows two vehicles, labeled 'Your vehicle' and 'Other vehicle', with their doors open. The vehicles are positioned side-by-side, with 'Your vehicle' on the left and 'Other vehicle' on the right. The doors are open, and the vehicles are shown from a side-rear perspective, indicating the correct exit path.

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Was the vehicle towed from the accident scene?

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No

Name		Telephone number	
<input type="text"/>		<input type="text"/>	
Address of vehicle		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>

Details of other vehicle *If more than one vehicle involved, please provide similar particulars to that requested below on a separate sheet and attach to this form*

[illegible]

Details of property Description of property (eg. building, fence, etc.)

Owner's name

Address

State

Postcode

Was there any damage to the other vehicle or property as a result of the collision? ☐ Yes ☐ No *If yes, complete below*

Description of damage to other vehicle or property

If any communication is received by you, please forward it immediately to this office

7. Witnesses

Were there any witnesses to the collision? ☐ Yes ☐ No *If yes, state the witness particulars*

Name of witness No.1

Address

State

Postcode

Telephone: Home

Telephone: Work

Telephone: Mobile

Type of witness ☐ Passenger in your vehicle ☐ Passenger in other vehicle ☐ Independent eye witness

Name of witness No.2

Address

State

Postcode

Telephone: Home

Telephone: Work

Telephone: Mobile

Type of witness: ☐ Passenger in your vehicle ☐ Passenger in other vehicle ☐ Independent eye witness

8. Police Please attach the police report to this claim form

Were the police advised of the collision? ☐ Yes ☐ No *If yes, did the police attend the accident* ☐ Yes ☐ No

or the accident was reported to police station at

on

And in both cases state the Officer's name

and number

Police Report Number

Was either driver charged with an offence?

☐ Yes ☐ No

If yes, indicate if: your driver ☐ and the offence

If yes, indicate if: other driver driver ☐ and the offence

Was either driver asked to take a blood/breathalyser test? ☐ Yes ☐ No *If yes, attach copy of results of test of your driver*

9. Goods and services tax To ensure you do not incur any unnecessary GST liabilities on this claim complete these details

Are you registered for GST purposes? ☐ Yes ☐ No

What is your ABN?

If you have registered and have an ABN, have you claimed or will you be claiming an input tax credit on the GST applicable to this policy? ☐ Yes ☐ No

Is the amount claimed less than 100% of the GST applicable to the premium? ☐ Yes ☐ No Specify the percentage amount claimed %

10. Electronic Funds Transfer Settlement of your claim may involve a cash settlement. Please complete the following if you are interested in an EFT Payment

Account name

BSB number

Account number

11. I declare that all the information I have given is true and correct

Signature

Date

Ansvar Insurance is a member of the insurance industry's impartial Insurance Ombudsman Service. This independent service is provided to the insuring public at no cost and aims to resolve claims complaints quickly and informally. In the unlikely event of a complaint arising, you should firstly contact the local Ansvar Insurance Regional Manager. In most cases the problem will be resolved easily. If you are not satisfied with the response given by the Regional Manager you may contact our Internal Dispute Resolution Committee for advice and assistance in resolving your claim.

Privacy The information we collect assists us to make a decision on whether we will accept your claim. If you do not provide this information we may be unable to process your claim. We may use third party suppliers (agents, loss adjusters, assessors and mailing houses) to carry out specialised activities on your behalf. These organisations are aware of their obligations under Privacy provisions. At any time you may request access to your personal information and correct it if it is wrong. We value the personal information you give to us and we will take all reasonable precautions to prevent unauthorised access to this information.