INSURANCE SERVICES

— CLAIM FORM

Motor Claim Form

M & M Insurance Services
(03) 9078 6473
info@mminsure.com.au
www.mminsure.com.au

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

01 Insured or Company Details

Insured name or company

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

02 Vehicle Details

Year | Make | Model

Use of vehicle at the time of incident

☐ Personal
☐ Business
☐ Commuting to work
☐ Other (please specify)

03 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

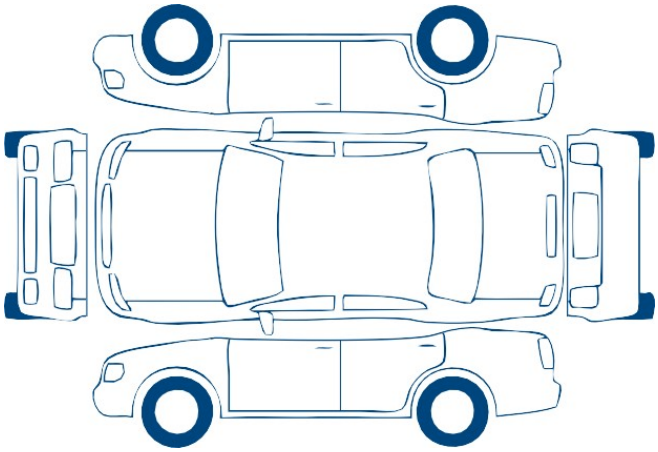
Has the driver's license been suspended or cancelled in the last 5 years? ☐ Yes ☐ No

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.

04 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

05 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

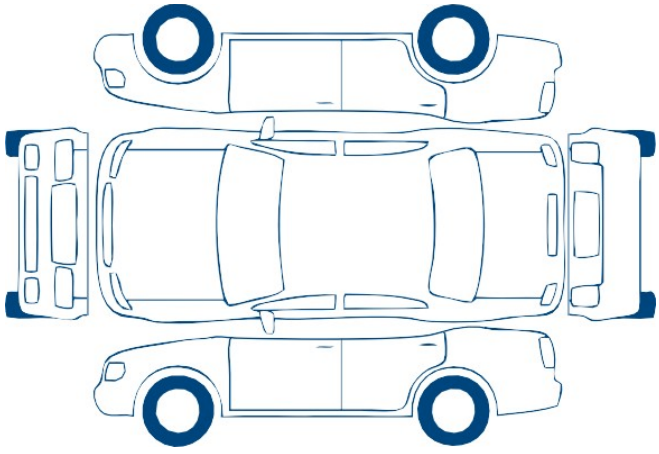
Registered owner's name Owner's address

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.

06 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?

07 Witness Details

(Witnesses cannot be friends, family or someone who you know)

Name

Address

Suburb State

Phone number Email

08 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

09 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 M & M Insurance Services Pty Ltd. 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.pscconnect.com.au/privacy, including for processing this claim.

Signature **Date**

Full name **Title / position**

Submit claim form

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