MARKEY.

MOTOR VEHICLE CLAIM NOTIFICATION FORM

(ALL ANSWERS MUST BE COMPLETED)

COMPANY/INSURED NAMES			
Contact Name			
Contact Phone No.			
ABN No.		Policy No.	
Is the vehicle financed?	Yes ☐ No ☐ Finance Company________________________________		

INCIDENT DETAILS			
Date of Incident		Time of incident	am ☐ pm ☐
Location (STREET ADDRESS/SUBURB)			
Description of incident			
Road Conditions	Sealed ☐ Unsealed ☐ Wet ☐ Dry ☐ Other__________________		
Did the police attend?	Yes ☐ No ☐ Police Event No. ______________________ Attending Officer____		

INSURED VEHICLE DETAILS			
Vehicle Make and Model		Rego No.	
Damage to Vehicle			
Location of Vehicle			
Repairer's Name			
Repairer's Phone No.			

DRIVER DETAILS			
Name of Driver		Driver DOB	
Licence Number/Expiry		Years Licenced	

The following information MUST be provided in order for the INSURER to consider the claim

Did the driver drink any alcohol, take any drugs or medication in the 12 hours prior to the accident? ______________________________	Yes ☐ No ☐
If yes, what did the driver drink or what drugs or medication did the driver take? ______________________________	When?________________ How much?_____________
In the past 5 years, has the policyholder or driver in this incident: • Had a driver's licence cancelled, suspended, been disqualified from driving or committed any driving related alcohol or drug offences? • Had an insurance policy declined, cancelled or conditions imposed on an insurance policy? • Committed any criminal offence?	Yes ☐ No ☐ State details ______________________ ______________________ ______________________

THIRD PARTY DETAILS			
Name			
Address		Rego No.	
Phone Number		TP Insurer	

BANK DETAILS			
Name			
BSB		Account No.	

OFFICE USE ONLY	Claim No.	Client No.
Claim Range Estimate	$ __________ or 1-5K ☐ 5-30K ☐ 30-50K ☐ 50-100K ☐ 100-200K ☐ over 200K ☐	
Claim Lodged with Insurer?	Yes ☐ No ☐ If yes, how? Email ☐ Mail ☐ Telelodge ☐	
Claim Form sent to Client?	Yes ☐ No ☐ If yes, how? Email ☐ Mail ☐ Delivered ☐	
Is the claim registered on CBS	Yes ☐ No ☐ Who registered it? ____________________	

Your Name		Date	
Allocated Claims Servicer	Broking Team ☐	Claims Team ☐	