Telephone: 07 3624 9700

CLAIM FORM – Motor Fleet Insurance

Please complete this form to report an accident.

In correspondence, please quote the Insured Name and the Date of Accident to assist with referencing the claim.

If available, a copy of the driver's statement and any copies of the witness statements are to be attached to the e-mail prior to submitting the claim form.

A copy of the driver's licence is to be attached to the e-mail prior to submitting the claim form.

INSURED DETAILS

Insured:

Address:

Suburb: State: Postcode:

Phone Number:
(including area code)
XX XXXX XXXX or XXXX XXX XXX

Policy Number:
(if known)

Expiry Date:
(if known)
dd/mm/yyyy

E-Mail Address:

ABN:

Entitled to claim ITC for GST: Yes No

ACCIDENT DETAILS

Date of Accident: dd/mm/yyyy

Time of Accident: :

Location of Accident:

Suburb:

State:

Postcode:

Date Journey Began: dd/mm/yyyy

Time Journey Began: :

Departure Point:

Suburb:

State:

Postcode:

Destination:

Suburb:

State:

Postcode:

Description of Damage:

(max 400 characters)

How did the accident happen:

(max 500 characters)

PLEASE ATTACH ANY PHOTOS OR DIAGRAMS TO THE E-MAIL BEFORE

SUBMITTING THE CLAIM FORM

DRIVER DETAILS

Driver's Name:

Date of Birth: dd/mm/yyyy

Licence Number:

State Licence Issued:

Licence Class:

Number of years class of licence held:

Expiry Date: dd/mm/yyyy

Driver's Address:

Driver's Suburb:

State:

Postcode:

Driver's Phone Number: (including area code) XX XXXX XXXX or XXXX XXX XXX

Driver's E-Mail Address:

Relationship of Driver to Insured: Sub-contractor Casual Full-time Employee Part-time Employee

Has the driver had any convictions in the past 5 years? Yes No

(max 200 characters)

Was the vehicle being driven with the Insured's consent? Yes No

Was the driver breathalysed? Yes No

Specialist Underwriting Agencies Pty Ltd ABN 18 010 862 745 AFSL 231104

VEHICLE DETAILS

INSURED VEHICLE:

PRIME MOVER:

Fleet Number: Registration Number:

Vehicle Make: Model:

Year of manufacture:

Where can the vehicle be inspected:

Suburb: State: Postcode:

Is the prime mover encumbered: Yes No

TRAILER 1:

Fleet Number: Registration Number:

Vehicle Make: Model:

Year of manufacture:

Where can the vehicle be inspected:

Suburb: State: Postcode:

Is the trailer encumbered: Yes No

TRAILER 2:

Fleet Number: Registration Number:

Vehicle Make: Model:

Year of manufacture:

Where can the vehicle be inspected:

Suburb: State: Postcode:

Is the trailer encumbered: Yes No

TRAILER 3:

Fleet Number: Registration Number:

Vehicle Make: Model:

Year of manufacture:

Where can the vehicle be inspected:

Suburb: State: Postcode:

Is the trailer encumbered: Yes No

Type and weight of load being carried:

THIRD PARTY VEHICLES:

Were any third party vehicles involved? Yes No

WITNESS DETAILS:

(including area code)

(including area code)

POLICE DETAILS

Did the police attend the accident?	Yes	No
	Yes	No

Did the Ambulance attend the accident?	Yes	No
Did the Fire Brigade attend the accident?	Yes	No

Who do you consider to be at fault?

Why?

(max 500 characters)

ANY OTHER COMMENTS

(max 500 characters)

"DRIVERS PLEASE NOTE"

Assetinsure will manage all third party claims on your behalf.

Please immediately forward any third party demands you receive to your employer who will forward them to us.

Please do not make any contact with any third party claimant and you must not make any admission of liability to any third party.

Click here to view the privacy statement. Once you have read and agree to the contents of the privacy statement, tick the box below.

DECLARATION

My answers to the questions and statements in this claim form are to the best of my knowledge and belief correct and I have not withheld any information likely to affect consideration of this claim. If you accept this statement, tick the box and complete the fields below.

Specialist Underwriting Agencies Pty Ltd ABN 18 010 862 745 AFSL 231104

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Underwriters who can make a decision