

**H2P CAR INSURANCE  
MOTOR ACCIDENT CLAIM FORM**



<b>CLAIM NUMBER</b>	<b>NAME OF CLAIMS OFFICER</b>	<b>PHONE NUMBER</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**IMPORTANT INFORMATION ABOUT MAKING A CLAIM**

1. Please ensure "PERSONAL INFORMATION" is read before signing the DECLARATION.
2. Please answer, in full, all of the questions on this form and ensure that the DECLARATION is signed. Omission of relevant information may delay your claim or prevent us from allowing the claim
3. Where available, please provide supporting documentation in support of the amount claimed.
4. You may be required to produce proof of ownership of items for which you are claiming. Proof of ownership may be by way of valuations, photographs, receipts or accounts of purchase.
5. You must not carry out repairs, dispose of any damaged property, admit liability to anyone else, negotiate, pay or settle a claim with anyone else, without our consent. In the event of being approached by the other party or their representative, we ask you not to admit liability in any way. If you receive any correspondence relative to this matter, please forward it to us for our attention.
6. The aim of H2P Car Insurance is to provide you with efficient and speedy claims service and quality customer service.
7. The issue of this MOTOR CLAIM FORM is in no way, admission of liability by H2P CAR INSURANCE

**1. INSURED PERSONAL DETAILS**

Policy Number

Name of Insured

Address (Private)

Address (Business)

Phone Number  (Hm)  (Wk)  (Mb)  (Email)

Are you registered for GST?  No  Yes ABN

Percentage of Input Tax Credit claimable  (Please consult with your taxation adviser to ascertain the accurate percentage)

Occupation

**2. INSURED VEHICLE DETAILS**

Make of Car  Model of Car  Year of Manufacture

Registration Number  Engine Number / Vehicle Identification Number

Colour

If the vehicle is subject to finance arrangements, state the name of the company

Account number

**3. DATE & LOCATION DETAILS OF THE ACCIDENT / LOSS**

Day and date of the Accident  Time of the Accident

Location of the Accident  Suburb / Town

#### 4. DRIVER DETAILS

Driver of the Insured Vehicle at the time of the accident

Mr  Mrs  Miss  Ms  Other

Family Name

Given Names

Address

Phone Number (Hm)  (Wk)  (Mb)  (Email)

Does the driver hold a current Australian Driver's Licence?  No  Yes Class of Licence

Date of Birth  /  /  How long has this driver held the driver's licence (in years and months)

Has the driver ever been refused insurance?  No  Yes

If "Yes" give details

Has the driver had any accidents, thefts, fires or other incidents involving a vehicle (whether an insurance claim was made or not) in the last 5 years?  No  Yes

If "Yes" give details

Has the driver had any traffic related charges / infringements, loss of licence, altered licence conditions or on the spot fines in the last 5 years?  No  Yes

If "Yes" give details

Does the driver own any other motor vehicle?  No  Yes

If "Yes" what is the name of the insurer?

Policy Number  Registration Number

Was this vehicle in use at the time of the accident?  No  Yes

#### 5. VEHICLE USE

Was the vehicle being used with the consent of the insured?  No  Yes

For what purpose was it being used?  Personal Use  Business Use

Was the vehicle towed from the scene?  No  Yes If "Yes", by whom?

Was the insured vehicle towing a trailer at the time of the accident?  No  Yes

If "Yes", please provide the name of the owner and insurance details

**6. ALCOHOL & DRUGS**

Had the driver of the insured vehicle consumed any intoxicating liquor or drugs in the 12 hours prior to the accident?

No  Yes

If "Yes", how much and what type of liquor or drugs were consumed?

When was the alcohol or drugs consumed?

Was the driver of the insured vehicle taken to hospital?  No  Yes

What is the name of the hospital the driver of the insured vehicle was taken to?

**If the driver of the insured vehicle was taken to hospital following the accident, the Blood Alcohol Certificate must be sent us.**

What was the result of the Blood Test?

**7. POLICE**

Did Police attend the accident?  No  Yes

If "Yes", was an Alcohol Test or Breathalyser Test conducted?  No  Yes Result

If the Police did not attend the accident, has the accident been reported to the Police?  No  Yes

If "Yes", what Police Station was the accident reported to?

Date reported to the Police  Time

Police Report Number provided at the scene or upon reporting the accident to a Police Station.

NOTE: All accidents where the total damage exceeds \$1,000 or there is Bodily Injury must be reported to the Police within 24 hours of the accident.

Has any police action been taken or threatened in connection with this accident?  No  Yes

If "Yes", please provide details of charges made or threatened

**8. PASSENGERS**

Were there any passengers in the insured vehicle at the time of the accident?  No  Yes

If "Yes", please give names and addresses of all passengers and their relationship to the insured.

  

**9. WITNESSES**

Were there any independent witnesses to the accident?  No  Yes

If "Yes", please give names, addresses and phone numbers of all independent witnesses.

**10. IMMEDIATELY BEFORE THE ACCIDENT**

At what speed was the insured vehicle travelling (a) 20 metres before the accident  (b) at impact

Was your vehicle on the correct side of the road?  No  Yes

If "Yes" how far from the left hand edge of the road?

Were the headlights and taillights on?  No  Yes

Did you give any warning?  No  Yes If "Yes", what warning?

What signal, if any did you give?

What was the type of road surface?  Was this surface wet or dry?

What were the weather conditions?

**11. INJURIES**

Were there any injuries as a result of the accident?  No  Yes

If "Yes", please provide details

**12. OTHER VEHICLES / PROPERTY INVOLVED**

*If more than one other vehicle was involved, please attach a separate sheet with the details requested in this section.*

Name of the other driver involved

Address   
 Phone Number

Vehicle Details  Registration Number

Does any relationship exist between the insured and the other party?  No  Yes

Describe the damage to the other vehicle / property

Name of the insurer of the other vehicle, type of cover and policy number

What was the approximate speed of the other vehicle immediately before the accident?

What distance was the other vehicle from you... (a) when first seen?  (b) when danger became apparent?

If there was no other vehicle involved, was there damage to someone else's property?  No  Yes

If "Yes", who is the owner of the damaged property?

Please describe the damage to the other person's property



