

CLAIM FORM MOTOR VEHICLE

TO ENSURE PROMPT ATTENTION TO YOUR CLAIM, PLEASE COMPLETE THIS FORM IN FULL AND RETURN TO OUR OFFICE. Claims@pacegroup.com.au

- NOTE – Ensure the accident description is accurate and all questions on the claim form have been answered in full.
 – Can obtain quotation from a repairer of your choice
 – Repairs may not be commenced without written authority from your Insurer.

THE INSURED

Name of Insured:

Address: Postcode:

Telephone (BH): Telephone (AH):

Mobile: Email:

Policy Number: Expiry Date: / /

INSURED VEHICLE DETAILS

Vehicle Make: Sum Insured: \$

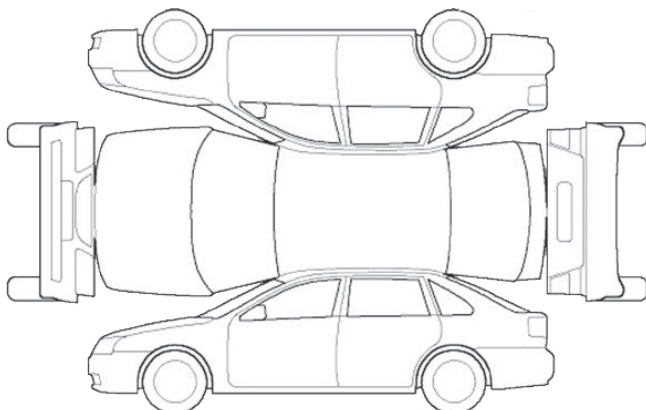
Model: Chassis Number (if stolen) Registration:

Year: Registration Expiry: Speedometer Reading:

Type of Use: Private ☐ Business ☐

Registered Business: YES ☐ NO ☐ ABN: Taxable(GST): %

DAMAGED SUSTAINED (indicate on the diagram the body panels damaged in this accident)



AREA DAMAGED:

CLAIM FORM MOTOR VEHICLE

Date of Accident: / / Time: :

Place of Accident: Address vehicle towed to:

Road Conditions: Wet ☐ Dry ☐ Daylight ☐ Dark ☐

Repairers Name:

Address: Postcode:

Telephone: Email:

Is the vehicle drivable?

YOUR VEHICLE

Estimated speed 100 metres prior to impact: KPH Estimated speed on impact: KPH

OTHER VEHICLE

Estimated speed 100 metres prior to impact: KPH Estimated speed on impact: KPH

ACCIDENT DESCRIPTION

PLAN OF ACCIDENT

Make an approximate plan of the scene of the accident showing the width of roadway, positions of vehicles and persons involved, and direction vehicles were travelling. If accident occurred at an intersection, show traffic lights, stop signs, pedestrian crossing etc. Google image works as well.

Please mark insured vehicle as "A" and other vehicles as "B" etc. Show direction, eg. A ↑ B ←

DETAILS OF DRIVER OF INSURED VEHICLES

PLEASE PROVIDE A PHOTOCOPY OF YOUR DRIVERS LICENSE WITH THIS CLAIM FORM

Name:	<input type="text"/>		
Date of Birth:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	License No.:	<input type="text"/>
Contact Number of Driver:	<input type="text"/>	Years Licensed:	<input type="text"/> <input type="text"/> License Expiry:

In the past 5 years, have you ever:

Had a motor vehicle stolen? YES NO

DETAILS

Lost your license? YES NO

DETAILS

Had any traffic offence, fines or infringements? YES NO

DETAILS

Had any prior accidents and/or claims YES NO

DETAILS

CLAIM FORM MOTOR VEHICLE

POLICE OR TRAFFIC OFFICER DETAILS

Did police attend accident scene?

☐ YES ☐ NO

Name of Officer:

NAME

Police Station:

If no, was accident reported?

☐ YES ☐ NO

Was intoxicating liquor/drugs consumed by driver 12 hours prior to accident?

☐ YES ☐ NO

If YES, how much and when:

Was drivers judgment impaired?

☐ YES ☐ NO

Did Police order any breathalyser or blood alcohol test

☐ YES ☐ NO

Was test taken?

☐ YES ☐ NO

What was the reading

Was the driver driving with the knowledge and consent of the insured?

☐ YES ☐ NO

Who was responsible for the collision:

Whom?

Has a fine or on-the-spot fine been imposed?

☐ YES ☐ NO

PASSENGER DETAILS

Name #1:

Age:

Address:

Postcode:

Telephone (BH):

Mobile:

Name #2:

Age:

Address:

Postcode:

Telephone (BH):

Mobile:

Name #3:

Age:

Address:

Postcode:

Telephone (BH):

Mobile:

WITNESS(S)

Name #1:	<input type="text"/>	Age:	<input type="text"/>
Address:	<input type="text"/>	Postcode:	<input type="text"/>
Name #2:	<input type="text"/>	Age:	<input type="text"/>
Address:	<input type="text"/>	Postcode:	<input type="text"/>

OTHER VEHICLE DETAILS

Owners Name #1:	<input type="text"/>		
Owners Address:	<input type="text"/>	Postcode:	<input type="text"/>
Mobile:	<input type="text"/>	Email:	<input type="text"/>
Insurer:	<input type="text"/>	Vehicle Make:	<input type="text"/>
Drivers Name:	<input type="text"/>	Registration:	<input type="text"/>
Drivers Address:	<input type="text"/>	Postcode:	<input type="text"/>
Drivers Licence Number:	<input type="text"/>		
Owners Name #2:	<input type="text"/>		
Owners Address:	<input type="text"/>	Postcode:	<input type="text"/>
Mobile:	<input type="text"/>	Email:	<input type="text"/>
Insurer:	<input type="text"/>	Vehicle Make:	<input type="text"/>
Drivers Name:	<input type="text"/>	Registration:	<input type="text"/>
Drivers Address:	<input type="text"/>	Postcode:	<input type="text"/>
Drivers Licence Number:	<input type="text"/>		

PROPERTY DAMAGE

Damage to property (fences, buildings etc)

Persons injured

DECLARATION AND AUTHORISATION

The information and answers given above are true and complete in every detail.

I understand the claim may be refused or reduced if information is withheld.

I authorise Pace Insurance to give to an obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or credit history as well as insurance claims information obtained during the course of this contract.

Signature
of Insured:

Date:

D	D	/	M	M	/	Y	Y
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