

POLICY # (if known) _____

POLICY HOLDER NAME: _____

Address _____

Telephone Number (Home) _____ (Work) _____

Cell/Mobile _____ Email _____

Preferred Method of Contact: _____

INSURED VEHICLE

Vehicle Registration Number _____ Make and Model _____

For what purpose was the vehicle being used? Personal Business Fare paying passengers

Was it used with owner's permission? Y N

DETAILS OF THE DRIVER AT THE TIME OF THE ACCIDENT

Name _____

Address _____

Telephone Number (Home) _____ (Work) _____

Cell/Mobile _____ Email _____

MUST BE COMPLETED EVEN IF DRIVER IS OWNER

Date of Birth _____ Driving License # _____ Expiry Date _____

Permitted Class/es _____ Please provide us with a copy of your drivers license

Approx. Date of the last time you passed the driving test _____

Has the driver been convicted of any motoring offences during last 5 years (including speeding)? Y N

Please give details of speed, date & other descriptions such as reckless driving or how long driver was off the road:

Are any charges being brought because of this accident? Y N

If yes, please explain what the charges are or are expected to be:

Has the driver been involved in any accident in last 5 years? **Y** **N**

If yes, please give details

DETAILS OF THIS ACCIDENT

Date _____ Time _____ **AM** **PM** Place _____

*Please describe accident in your own words including where you were coming from and where you were going:

Did police attend? **Y** **N** Please attach Police report if available

Describe Damage to YOUR vehicle: _____

(Please attach repair estimate if applicable – we will also require photos of your damaged vehicle)

Name, relationship, and address/phone number of all passengers in your vehicle (of any age)

Name, relationship, and address/phone number of any witnesses that saw the accident as it happened:

LIST ALL THIRD PARTIES OTHER & THEIR DETAILS (PLEASE USE ANOTHER SHEET IF NEEDED)

1. Name of other. property owner (e.g. of the other vehicle or a wall) _____

Phone Number _____ Email _____

What was the property damage? _____

Nature/extent of damage _____

WAS ANY PARTY INJURED? **Y** **N** OR TAKEN BY AMBULANCE TO HOSPITAL? **Y** **N**

Please describe what you could see/know of their injuries _____

2. Name of other. property owner (e.g. of the other vehicle or a wall) _____

Phone Number _____ Email _____

What was the property damage? _____

Nature/extent of damage _____

WAS OTHER PARTY INJURED? **Y** **N** OR TAKEN BY AMBULANCE TO HOSPITAL? **Y** **N**

Please describe what you could see/know of their injuries _____

SKETCH DETAILS OF ACCIDENT SITE HERE:

DECLARATION

I/we hereby declare that, to the best of my/our knowledge and belief, the forgoing statements and those on supplementary documents or pages, are fully and truly made and no material fact has been misrepresented, misstated or withheld. I agree to immediately declare any additional details or any subsequent change in circumstances that may affect the accuracy of the information provided.

I/we acknowledge and understand that any misrepresentation, fraudulent act or material misstatement made in support of my / our claim may lead to the claim being voided.

I/we agree that insurers may, at their option, make settlement of any claim, suit, or action for damages that may be made against me/us in respect of the above incident.

I/We understand that acceptance of this form by Insurers does not indicate any agreement to pay any portion of any claim against my / our policy or any other policy.

I/we give my / our consent for the processing of my personal and sensitive data to support this claim.

By checking this box, I, the owner, confirm that I have read, understood and agree to the terms of this Declaration. (tick box)

By checking this box, I, the driver, confirm that I have read, understood and agree to the terms of this Declaration. (tick box)

ONLY USE IF SOMEONE AT FREISENBRUCH COMPLETED THIS FORM WITH YOUR HELP

Use these signature boxes below ONLY if someone at Freisenbruch completed this form on your behalf with your input only, otherwise please leave blank.

As this form was completed on my behalf by _____ of Freisenbruch, I/We have read the completed document, and I/We confirm that I/We agree with the content.

By checking this box, I, the owner, confirm that I have read, understood and agree to the terms of this Declaration. (tick box)

By checking this box, I, the driver, confirm that I have read, understood and agree to the terms of this Declaration. (tick box)

INSURED'S NAME: _____
PLEASE PRINT

INSURED'S SIGNATURE: _____ **DATE:** _____