

**Unique Car Insurance**

A Division of Australian Underwriting Services Pty Ltd  
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# Motor Vehicle Claim Form

## How to obtain a quick response to your claim

1. Make sure that you **fully answer all questions**.
2. Attach a copy of the Driver's Licence for the driver of the vehicle at the time of the accident.
3. Make sure you have read, signed and dated the declaration.
4. **Obtain two quotes for repair if your damage is under \$1000.00. If damage is greater than \$1000.00, only one quotation is required.**

## Our Privacy Policy

We support the intent & principles of the Privacy Act 1988. These principles are designed to ensure we deal with any information you provide us in an appropriate and confidential manner, and set out our responsibilities and what we must do when dealing with information provided by you.

Personal information supplied to us by you is for the primary purpose of evaluating and administering your insurance cover with us, or handling and settling your claim. You are entitled to access this personal information. Some examples of entities we may disclose information about personal information about you include (but are not limited to) Lloyd's brokers, Lloyd's underwriters, loss adjusters, assessors, investigators, lawyers, insurance reference bureaus, etc.

We will endeavour to protect your personal information from misuse, loss, unauthorised access, modification or disclosure.

## Insured Details

Policy Number	<input type="text"/>	Due Date	<input type="text"/>
Name of Insured	<input type="text"/>		
Address	<input type="text"/>	Postcode	<input type="text"/>
City/Suburb	<input type="text"/>	Telephone No.	<input type="text"/>
Are you GST registered? If YES, A.B.N.	<input type="text"/>	Input Tax Credit Entitlement	<input type="text"/> %

## Vehicle Details

Make	<input type="text"/>	Model	<input type="text"/>	Body Type	<input type="text"/>
Reg. No.	<input type="text"/>	Eng. No.	<input type="text"/>	Year	<input type="text"/>
Name of registered owner if different to the insured	<input type="text"/>				
Was any part of the vehicle in a damaged condition before the accident?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If Yes, please describe damage	<input type="text"/>				
Is there a finance or lease agreement on the vehicle?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If Yes, name of lending company	<input type="text"/>				
Address	<input type="text"/>	Postcode	<input type="text"/>		
City/Suburb	<input type="text"/>	Telephone No.	<input type="text"/>		
Was there any other insurance in force on the vehicle at the time of the accident?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If Yes, name of insurance company	<input type="text"/>				

## Driver Details

Name	<input type="text"/>	Date of Birth	<input type="text"/>		
Address	<input type="text"/>	Postcode	<input type="text"/>		
City/Suburb	<input type="text"/>	Telephone No.	<input type="text"/>		
Licence No.	<input type="text"/>	Expiry Date	<input type="text"/>	Type	<input type="text"/>
Licence Special Endorsement/Restrictions	<input type="text"/>				
How long have you been licensed in Australia	<input type="text"/>	Please attach a copy of licence			
What is the relationship between the drivers and the insured?	<input type="text"/>				
Are you the permanent or regular driver of the vehicle?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Was the driver driving with the knowledge and consent of the insured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Has the driver a vehicle of his/her own?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Was it in use at time of accident?
					Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, give details	<input type="text"/>		Name of insurer	<input type="text"/>	
Was the vehicle let on hire?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Employed for carriage of fare paying passengers?
					Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the driver consume any alcohol or drugs during the 12 hour period before the accident?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If Yes, how much?	<input type="text"/>				



## Third Party Details

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**Please attach any demands received from the third party**

**If more than one vehicle was involved, please attach a separate sheet or use the back of this form**

Other vehicle involved

Make/Model  Reg. No.  Body Type

Describe damage to other vehicle

Drivers name  Owners name

Address  Address

City/Suburb  City/Suburb

Telephone No.  Telephone No.

Licence No.  Insurer  Policy No.

Was any property damaged in the accident, other than a motor vehicle? Yes  No

If yes, what else was damaged?

Owner

Address

City/Suburb  Telephone No.

## Police

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Did police attend the accident or was the accident reported to the police station? Yes  No

If yes, officers name

Station  Incident report No.

Was the driver of the insured vehicle tested for alcohol or drugs? Yes  No

If yes, what was the result?

Was any person charged, cautioned or infringed because of this accident? Yes  No

If yes, Name  Offence(s)

## Witness

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Was there any witnesses to the accident? Yes  No

If yes, provide further details

Name  Name

Address  Address

City/Suburb  City/Suburb

Telephone No.  Telephone No.

## Owner(s) and Drivers History

In the last 5 years have you as the owner or the driver of this vehicle:

1. Had any motor vehicle accident or loss? or a vehicle burnt or stolen?  
or any other losses or claims involving a motor vehicle? Yes  No
2. Made a claim under a motor vehicle insurance policy? Yes  No
3. Had any claim refused? Yes  No
4. Had insurance **of any kind**, or renewal of insurance **of any kind**, declined or cancelled,  
or had any special terms, conditions or excesses imposed? Yes  No
5. Had any driving or motor cycle licence endorsed, cancelled or suspended? Yes  No
6. Had any speeding fines, on the spot fines, traffic camera fines  
or any other motoring related fine excluding parking? Yes  No
7. Been charged, summonsed or convicted in connection with any of the following?
  - Actual or threatened damage to property including arson or malicious damage? Yes  No
  - Fraud, embezzlement, misappropriation? Yes  No
  - Injury or harm to any person? Yes  No
  - Theft or dishonesty of any kind? Yes  No
  - Criminal offences? Yes  No
  - Illegal drugs or substances? Yes  No
8. Been declared bankrupt, or been a director or officer of a company which has been placed in liquidation  
or had a receiver, administrator or liquidator appointed, or had a judgement ordered against them? Yes  No

If any of the above questions have been answered **yes**, please provide details in the space below:

Date:	Name of Driver	Full details of Accident, Loss, Convictions etc	Amount of Loss/Fine	Insurance Company

Do any of the drivers named above

1. Have any physical defect, sight or hearing impairment  
or other medical condition likely to affect their driving ability? Yes  No
2. Regularly take drugs, including any prescription drugs, which may affect their driving ability? Yes  No

If any of the above questions have been answered **yes**, please provide details in the space below:

Date:	Name of Driver	Full details

## Declaration

I/We declare that the information supplied on this claim form is true in every respect.

I/We undertake to render every assistance in my/our power in dealing with this matter.

I/We give authority to the Insurer of our vehicle, to give or to obtain from any other insurance company, insurance reference bureau or similar organisation any information in relation to insurance matters or claims history.

Signature  Date   Date   
Driver Insured

If you are unhappy about any aspect of your claim please contact us and a director of our company will personally investigate and respond to your complaint. In the unlikely event that this does not resolve the matter or you are not satisfied with the way a complaint has been dealt with you should write to:

**Lloyd's Underwriters' General Representative in Australia**  
**Suite Q, Level 12, 55 Hunter Street, Sydney NSW 2000**  
**Telephone Number: 02 9223 1433**