

GENERAL CLAIM NOTIFICATION FORM

For motor vehicle claims **ONLY**

THE INSURED

Full Name		Contact Details	Private:
Address:			Business:
			Mobile:
			Email:

What is your Occupation, Trade or Profession? [including part-time]

POLICY DETAILS

Policy Number	Policy Expiry Date	Insurer's Name
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INSURED VEHICLE DETAILS

Description of the vehicle involved in the accident or incident?

Registration or identification no. Engine no. VIN

Name of registered owner Make, model & body type Year of manufacture

Do you owe money on the vehicle?

No Yes → Lender's name Approximate amount owing
\$

Was there any unrepaired damage to the vehicle before the accident or incident?

No Yes → Describe the unrepaired damage

DRIVERS DETAILS

Name of driver of the vehicle when the accident or incident occurred. [if the vehicle was unattended please note 'vehicle unattended'].

Address

Private phone number Business phone number Fax number
() () ()

NB: Please complete further details on next page.

IF THE VEHICLE WAS STOLEN, PLEASE ANSWER THE FOLLOWING

Has a thorough search been made and notification been sent to shop owners, hotel proprietors or others who might be able to assist in location the property? If so, please give details.

If the police have been notified, please state the Police Event Number

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IF THE VEHICLE WAS IN AN ACCIDENT, PLEASE ANSWER THE FOLLOWING

When did the accident happen?

Date:

	/		/	
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 Time:

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 a.m. p.m.

Where did the accident happen? Please also provide street map reference if possible.

How did the accident happen?

Was anyone injured in the accident? If so, please provide brief details, including if ambulance attendance or hospitalisation was required.

Details of OTHER vehicle. If more than one vehicle involved, please use Additional Information section.

Drivers name	Drivers Address				
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Registration or identification no.	Make, model & body type	Year of manufacture			
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NB: Please complete further details on next page.

FOR CLAIMS OTHER THAN THEFT OR ACCIDENT [E.G. HAIL DAMAGE, MALICIOUS DAMAGE, FIRE]

Date when the damage occurred or was first discovered? / /

Where did the damage happen?

Where is the damage located on the vehicle? [e.g. roof, windscreen]

Do you know who was responsible for the damage? If so, please provide details.

Did the police or fire brigade attend the accident or incident?

No Yes → Police OR Fire Brigade

Officers Name

Name of Station

Where you, or any other driver involved in the accident or incident, charged with an offence or offences or advised that charges may be laid?

No Yes →

Insured driver <input type="checkbox"/> and the offence(s)	Other driver <input type="checkbox"/> and the offence(s)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

GOODS AND SERVICES TAX

To ensure you do not incur any unnecessary GST liabilities on this claim please complete these details

Are you registered for GST purposes?

No Yes → What is your ABN? If you registered and have an ABN, have you claimed or will you be claiming an input tax credit on the GST applicable to this policy?

No Yes → Is the amount being claimed less than 100% of the GST applicable to the premium? No Yes → Specify the percentage amount claimed %

Please note that this information is used by the insurer for their own GST calculations and will not effect your claim.

NB: Please complete further details on next page

DECLARATION

I declare that to the best of my knowledge and belief the information in this notification form is true and correct and I have not withheld any relevant information.

I consent to The Taggart Group Pty Ltd providing my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, my insurer may not be able to process my claim.

I consent to The Taggart Group Pty Ltd and/or my insurer disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to The Taggart Group Pty Ltd and/or my insurer also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisers.

**Signature of the Insured or person with authority to sign
for and on behalf of a company or partnership**

Date

Signature of the driver (if not the insured)

Date

NB: PLEASE COMPLETE SCHEDULE ON BACK

