



MOTOR VEHICLE CLAIM FORM INCLUDING THEFT OF MOTOR VEHICLE

Please answer all questions. This will help us process your claim quickly. Please obtain one quotation for the repair of your vehicle from a reputable repairer of your choice. If you need more space to answer any of the questions, please use a separate sheet of paper. Any attachments will form part of this claim report and the declaration will include them.

MGIB Reference: [] Policy No.: []

Insured Name []

Contact Person/Address/Telephone Number []

Are you registered for GST Purposes?

No [] Yes []

What is your ABN? []

Have you claimed or intend to claim an input Tax credit on the GST component of the Premium applicable to this policy?

No [] Yes [] Will you be claiming an amount less than 100%?

No [] Yes [] Specify amount claimed %

Are you entitled to claim an input tax credit For repairs or replacement of the item that Has been lost or damage?

No [] Yes [] Will you be claiming an amount less than 100%?

No [] Yes [] Specify amount claimed %

INSURED VEHICLE DETAILS

Year/Make/Model of Insured Vehicle: []

Registration Number: []

VIN Number: []

Registered Owner: []

Do you owe any money on the vehicle? No [] Yes []

Lenders Name: []

What were you using the vehicle for at the time of the accident? (EG Traveling to work, Shopping, Business Use) []

DRIVER DETAILS

Who was driving the vehicle when the accident happened?

[Empty text box]

Relationship to Insured (eg son, daughter, employee):

[Empty text box]

Was this person driving with the knowledge & consent of the Insured

No Yes

Address/Telephone Number:

[Empty text box]

Did the driver have a current driver's licence for this class of vehicle?

No Yes Licence No. [] Learners 'P' Plates Full

Date of Birth [] / [] / [] Years Licenced [] Expiry Date [] / [] / []

Did the Driver drink any alcohol, or take any drugs or medication in the 12 hours prior to the accident?

No Yes → What was taken, how much & when? []

Has the driver been charged with, or convicted of, a motoring offence (other than a parking offence or been disqualified from driving in the past 5 years? State details below:

No Yes → []

Has the Driver been charged with, or convicted or, any criminal offences in the past 10 years?

No Yes → []

Has the driver had insurance refused or cancelled, had a renewal refused or had special conditions imposed by an insurer?

No Yes → []

ACCIDENT DETAILS

When did the accident happen?

Date [] / [] / [] Time [] AM/PM

Where did the accident happen?

[Empty text box]

How did the accident happen?

[Multiple empty text boxes for accident description]

ACCIDENT DETAILS Cont...

Road Surface: Dry Wet Loose

Traffic Controls: None Stop Sign Traffic Lights Roundabout Give Way Sign Other

At the time of the accident the insured vehicle was: Parked Stationary Moving Speed

Who was at fault?

DAMAGE TO YOUR VEHICLE

Are you claiming for the damage to your vehicle? No Yes

Was the Vehicle Towed? No Yes

Name of Tow Company:

Where was it Towed to? Distance Towed KMs

Where is the vehicle now?

What damage was done to your vehicle?

OTHER VEHICLE DETAILS

Owners Details

Full Name: Telephone No.

Address:

Owners Insurance Company:

Make/Model and Body Type: Registration: Year of Manufacture:

Drivers Details

Full Name: Telephone No.

Address:

Licence Number of Driver

Date of Birth / /

OTHER PARTIES

As a result of the accident, was there any other property damaged (EG fences, telephone poles etc)?

No Yes → Provide Details (including name and address of owner)

POLICE

Did the Police attend the accident scene?

No Yes

Did you report the incident/theft to the Police?

No Yes

Officers Name & Rank

Station

Report Number

Was either driver charged with an offence or offences or advised that charges may be laid?

No Yes → Insured Driver and the offences

Other Driver and the offences

WITNESSES

Witness One

Full Name:

Telephone No.

Address:

Type of Witness: Passenger in - Insured's Vehicle Other Vehicle Independent eye witness

Witness Two

Full Name:

Telephone No.

Address:

Type of Witness: Passenger in - Insured's Vehicle Other Vehicle Independent eye witness

List other people on a separate page and attach to the page to this form...

OWNER AND DRIVER HISTORY

In the past five years have you as owner or driver of this vehicle:

- 1 Had an insurance refused, declined or cancelled by an insurer or any special conditions imposed? No Yes
- 2 Been convicted or charged with:
- A Drug use, driving under the influence, or exceeding Prescribed Concentration of Alcohol? No Yes
- B Any driving offences or speeding infringements? No Yes
- C Fraud, arson, theft or any other criminal act? No Yes
- 3 Had a driver or motorcycle licence cancelled, suspended or endorsed? No Yes
- 4 Had a claim or accident? No Yes
- 5 Had a car stolen or burnt out? No Yes
- 6 Suffered or suffer from impaired eyesight (excluding wearing of spectacles), loss of or use Of any limb or loss of hearing or from physical defect or epileptic, diabetic, heart or mental Condition? No Yes

Name of Driver	Date of Incident	Details of Each Incident	Your Insurer	Person @ Fault

DECLARATION

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

I consent to MGIB and my insurer using 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 MGIB and my insurer disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to MGIB and my insurer also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Signature of the Insured

Date

Signature of Driver

Date

MGIB Contact details:

P O Box 1136
Bunbury WA 6230
PH 08 9722 3700
FAX 08 9791 1635

P O Box 1735
West Perth WA
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