

CLAIM FORM

Motor vehicle accident

If you need any help with this form, please contact Sherpa Insurance Brokers & Advocates.
 If you supply any untrue or false information and know that it is not true the insurer shall have the right to refuse the claim.
 Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A".
 You must not incur any expense (unless it is to minimise the loss), or admit fault, without the insurer's permission.

A. The insured

Name: _____

Postal address: _____

Best contact phone number: _____

Email: _____

Insurer: _____ Policy number: _____

If your claim is accepted and you wish to be paid direct into your account, please fill out the details below:

Bank Account:

B. The insured vehicle

1. Year: _____ Make: _____ Model: _____ Reg. no.: _____

2. Is the vehicle subject to a finance arrangement of any kind? Yes No
 If "YES", please give details: _____

3. Has the vehicle or engine been modified from the maker's standard specifications? Yes No
 If "YES", please give details: _____

4. Is there any other insurance on the vehicle or accessories? Yes No
 If "YES", please give details: _____

C. Details of driver or person in charge

1. Full name of driver (or person in charge): _____
 Postal address: _____
 Best contact phone number: _____

2. What is the driver's Date of Birth? _____

3. Relationship to the Insured: Employee Spouse Child Other (give details) _____

4. Did the driver have the Insured's permission to use the vehicle? Yes No

D. Driver's history

1. Has the driver ever been refused vehicle insurance or had a policy cancelled or not renewed? Yes No
2. In the past five years has the driver:
 - (a) been involved in a motor accident? Yes No
 - (b) been convicted of a driving offence or issued with an offence or infringement notice (including speeding)? Yes No
 - (c) been disqualified from driving or had license endorsed, cancelled or suspended? Yes No

If you answered "YES" to any of the questions above, please provide details below: _____

E. Driver's licence

- Full name as it appears on driver's licence: _____
- Date of birth (field 3 on licence): _____
- Driver's licence number (field 5a): _____ Licence version number (field 5b): _____
- Was the driver licensed to drive this class of vehicle under the conditions endorsed? Yes No
- Date and country of issue: _____
- Licence issue date (field 4a): _____ Licence expiry date (field 4b): _____

F. Details of accident

1. When did the accident happen? Date: _____ Time: _____ AM PM
2. Where did it happen? (Street and town): _____
3. Please provide full details of what happened: _____

4. Did the police attend the accident? Yes No
 If "YES", please give details:
 Reported by: _____ To (station name): _____
 Complaint ref. no: _____ Name of attending officer: _____
5. Was the driver required to provide the Police with a breath and/or blood sample? Yes No
6. Did the driver consume or use any alcoholic liquor, drug or intoxicating substance in the 12 hours before the accident? Yes No
 If "YES", please give details: _____

7. Have the Police laid or mentioned laying charges against the driver of your vehicle? Yes No
 If "YES", please provide details: _____

G. Sketch plan of accident

Please include a sketch to show any:

- Street names
- Road markings
- Traffic signals
- Distances between vehicles
- Other vehicles involved
- Road signs
- Traffic islands
- Direction of travel

If completing this form online, please upload a sketch to send with this form.

H: Damage to the insured vehicle

1. Please describe the damage to your vehicle and show it on the diagram:

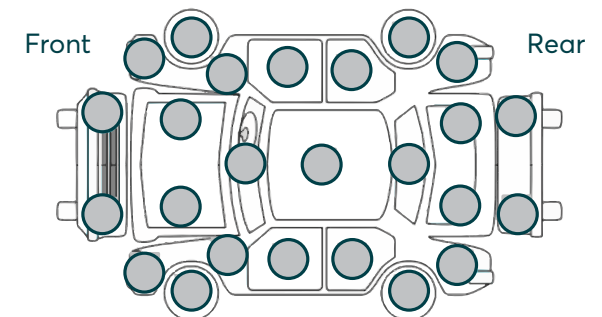
2. Did the vehicle need to be towed? Yes No

Name of towing company: _____

Telephone: _____

3. Name of repairer: _____

Address: _____



Telephone: _____

I. Other vehicle or property damaged

1. Other vehicle owned/driven by: _____ Telephone: _____
 Address: _____ Insurer: _____
 Other vehicle – make and model: _____ Reg. no.: _____
 Details of damage to other vehicle: _____
2. Details of damage to other property: _____
 Owners name: _____ Telephone: _____
 Address: _____ Insurer: _____

J: Liability for the accident

1. Did anyone get hurt in the accident? Yes No
 If "YES", can you please advise who, their relationship to the driver and known extent of the injuries: _____

3. Who do you consider to be to blame? _____
3. What are your reasons? _____
4. Did anyone admit liability? Yes No
 If "YES", who: _____

K: Witnesses to the accident

- Were there any witnesses? Yes No
 If "YES", please give details below:
1. Name: _____ Passenger: Yes No
 Address: _____ Telephone: _____
2. Name: _____ Passenger: Yes No
 Address: _____ Telephone: _____

L. Declaration and signature

I declare that:

1. I authorise the insurer to move the vehicle for the purpose of examination and assessment.
2. Material facts
 - (a) All information given to Sherpa Insurance Brokers & Advocates in connection with this claim (whether oral or written) is true and correct;
 - (b) No information relevant to the claim is omitted.
3. Use of information
 - (a) My personal information collected by Sherpa Insurance Brokers & Advocates in connection with this claim may be:
 - (i) disclosed to other members of the insurance industry and Insurance Claims Register Limited;
 - (ii) disclosed to parties repairing or replacing the subject matter of the claim;
 - (iii) disclosed to parties who have a financial interest in the subject matter of the policy;
 - (b) My personal information held by any other parties in connection with this claim may be disclosed to the insurer.

Please note:

- The insurer will gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you do not to provide it, or if you provide any false or untrue information, your claim may be declined.
- Your claims history is passed onto, and held by, Insurance Claims Register Limited. This enables other insurers you deal with to access it, and prevents fraudulent claims.

Signed by driver: _____ Signature date: _____

Full name: _____

Signed on behalf of all insureds: _____ Signature date: _____

Full name: _____