



# Transport Motor Vehicle Accident Claim Form

Please ensure this form is completed for all Parts which apply to your claim.

The issue and acceptance of this form does not constitute an admission of liability by the Underwriter or a waiver of their rights.

**Please note if there is insufficient space** provided to fully answer any question, please attach an additional sheet of paper with the extra information as required. All such attachments will be subject to the Declaration on page 6.

**Please answer all questions.** Any question left unanswered or answered as known to broker or insurer or otherwise answered in an incomplete way may delay the processing of your claim.

## 1. Particulars of Insured

- (i) Name(s) of Insured: .....
- (ii) For claim settlement purposes (in accordance with GST Legislation) please advise your:
  - (a) Registered Business Name for this policy: .....
  - (b) ABN Number: .....
  - (c) Input Tax Credit entitlement: .....%
- (iii) Policy Number: .....
- (iv) Claim Number (if known): .....
- (v) Address of Insured: .....
- (vi) Contact Person /name: .....
- (vii) Telephone: Day:..... Night:..... Mobile: .....
- (viii) In whose name is the vehicle registered? .....
- (ix) Is there a Finance/Leasing Company involved?  Yes or  No  
If Yes, please advise
  - (a) Name: .....
  - (b) Address: .....
  - (c) Vehicle of their interest:.....
- (x) Has a previous Insurer ever declined or cancelled insurance or refused to renew insurance or imposed special terms on the cover provided for this Insured or any previous Insured entity of which you were a Director, owner or had control or influence over:  Yes or  No  
If yes, please provide details: .....

## 2. Type of Claim

- Accidental Damage     Fire     Theft     Death or injury     Other – Please specify
- .....

## 3. Driver Details

- (i) Does the Policy Endorsement ANZ13 Approved Driver requirements apply to Your Policy?  Yes or  No  
**If yes**, SRS must have approved this driver to drive this Vehicle class. Please have the driver obtain a current RTA printout showing their complete driving history for the last 5 years.  attached or  to follow  
**If No**, attach a legible copy of the current driver's licence and have the driver obtain a current RTA printout showing their driving history for the last 5 years.  attached or  to follow
- (ii) Driver Name: .....  
Telephone: Day:..... Night:..... Mobile:.....
- (iii) Date of Birth: ..... Age: .....
- (iv) Address: .....
- (v) Are you the permanent / regular driver?  Yes or  No
- (vi) Driver's Licence No: .....
- (vii) State of Issue: ..... Expiry date: .....
- (viii) Classes held: .....

- (ix) How many years have you been licensed to drive this type of vehicle? .....
- (x) The driver's relationship to the Insured is:  Permanent  Casual  Employee or  Contract driver
- (xi) Was the owner's consent given for this driver to be in charge of this Vehicle/s?  Yes or  No
- (xii) Did the driver
  - (a) consume any intoxicating liquor or drugs during the 12 hours prior to the accident  Yes or  No
  - (b) have a drug or alcohol blood, breath or urine test after the accident?  Yes or  No
 If yes, what were the results? .....
- (xiii) Has this driver been involved in any other motor vehicle accident during the last five (5) years?  Yes or  No  
 If yes, please provide details: .....

**4. Insured Vehicle Details**

**Prime Mover / Rigid or other main vehicles**

- (i) What is the Make: .....
- (ii) What is the Model / Series / year of manufacture: .....
- (iii) Registration No: .....
- (iv) Type of Body: .....
- (v) Engine No: .....
- (vi) Engine Output in BHP: ..... Usage – total Hours or KM travelled: .....
- (vii) Engine Type / make:.....
- (viii) At the time of the accident, was the vehicle
  - (a) Let on hire?  Yes or  No
  - (b) Being used to carry fare- paying passengers?  Yes or  No

**Trailer A**

- (ix) Trailer type/s:..... Manufacturer Brand: .....
- Chassis / VIN No: .....
- Registration Number:..... Year of Manufacture:.....

**Trailer B**

- (x) Trailer type/s:..... Manufacturer Brand: .....
- Chassis / VIN No: .....
- Registration Number:..... Year of Manufacture:.....

- (xi) Load at time of accident (please be specific):.....

Attach copies of manifest for load and weight dockets.

- (xii) State GVM at time of accident: .....
- If over dimensional, please attach copies of permits.

- (xiii) Has the Prime Mover / Rigid Vehicle or trailers or engine been modified in any way?  Yes or  No
- If yes, please provide details: .....

**5. The Accident**

- (i) Street / Nearest Town: .....
- (ii) Suburb: .....
- (iii) State: .....
- (iv) Time accident occurred: ..... am/pm
- (v) Date accident occurred: .....

**6. Driver's statement of how the accident occurred**

- (i) I was driving from: ..... To: .....
- (ii) The purpose of the journey was: .....  
.....
- (iii) Description of the accident: .....  
.....  
.....  
.....  
.....
- (iv) Who do you think was responsible for the accident? .....
- (v) What is your reason for thinking so? .....

**7. Road surface and conditions**

- (i) Was the road:     Gravel                       Sealed                       Other – Please specify .....
- (ii) Was the road:     Level                       On grade                       Hill crest                       Other – Please specify .....
- (iii) Was it:             Wet                       Dry                       Muddy                       Other – Please specify .....
- (iv) Light Conditions:  Daylight                       Darkness – Street lighted                       Darkness - Street not lit  
                                  Half light                       Other – Please specify .....
- (v) What Speed was the driver travelling at:..... kms / hour

**8. Please provide a diagram of the accident**

Show positions of vehicles, persons or obstacles involved, mark names and width of roads, if possible, and road signs (if any)

*(Symbols for Plan)*

Street Intersection

Curved Street

Persons

Your Vehicle

Other Vehicle

(Directions of travel indicated by arrow in symbol)

Parked Vehicle

Tram/Rail Tracks

Stop signs

Give way signs

Traffic Light

Pedestrian Crossing

Priority Road

**9. Details of the other Vehicle and/or Property damaged**

- (i) Details / type of other vehicle or property: .....
- (ii) Registration Number: .....
- (iii) State of Registration: .....
- (iv) Insurance Company of other vehicle/s or property: .....

**10. Driver / owner details for the Other Vehicle involved**

If more than one other vehicle is involved, please attach a separate page with the following information for each other vehicle

(i) Was the driver the owner of the vehicle?  Yes or  No

If No, please provide the owners:

(a) Name : .....

(b) Address: .....

(c) Contact phone number: .....

(ii) Name of the driver (if different to owner): .....

(iii) Address: .....

(iv) Contact phone number: .....

(v) Driver's Licence number: .....

(vi) Did the driver of this other Vehicle have a drug/ alcohol breath test at the accident scene?  Yes or  No

**11. Details of any Injured Person**

If more than one injured person, please attach a separate page with the following information for each injured person

(i) Name: .....

(ii) Address: .....

(iii) Age: .....

(iv) Contact phone number: .....

(v) Relationship to Insured: .....

(vi) Nature of Injuries: .....

(vii) Was the injured person:  Occupant of your Vehicle  Occupant of other Vehicle  or Other - please describe

**12. Damage to or Loss of Your vehicle**

(i) Where is the vehicle now? .....

(ii) Was the vehicle towed?  Yes or  No

(iii) Describe the extent of damage to your vehicle/s: .....

**13. Police details**

Did the police attend the accident scene?  Yes or  No

If yes

(i) Please provide police officers name & station .....

(ii) Event number: .....

**14. Witness details**

(i) Name of witness: .....

(ii) Address: .....

(iii) Contact number: .....

(iv) Was the witness a:  Occupant of your vehicle  Occupant of other vehicle  Pedestrian

If more than one witness, please attach a page with this same information for each witness.

**IMPORTANT NOTICES - To be read and completed by ALL CLAIMANTS**

**Privacy Statement**

Privacy – We are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim only for the purpose of assessing and managing the claim. We may need to provide that information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with the claim. We will not trade, rent or sell your information.

If you don't provide us with complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, please ask us for a copy or visit our website.

**Our Complaints and Disputes Policy**

If you have a complaint about how we handle your claim please contact us and explain the basis of your complaint. We have an Internal Dispute resolution process to assist you. If you are not satisfied with our response, and wish to proceed with your dispute or complaint, you may contact Lloyd's in Australia. They offer a no cost to you service and are totally independent and impartial. If your dispute remains unresolved they will refer you to Lloyds of London or if the matter is about the service provided by SRS, then we will refer you to IBD limited on phone 1300 780 808 or their website [www.ibdltd.com.au](http://www.ibdltd.com.au) . Details are available from Lloyd's Australia by phoning 02 9223 1433 or visiting their Website [www.lloydsaustralia.com.au](http://www.lloydsaustralia.com.au) or by contacting SRS

**Contact details for SRS Claims and Complaints**

Postal Address: GPO Box 1635, Brisbane Qld 4001  
 Free call: 1800 682 366  
 Brisbane Phone: +61 7 3002 3000  
 Brisbane Fax: +61 7 3002 3077  
 Email: [info@srs.com.au](mailto:info@srs.com.au)

**Notes**

1. Please attach any other information, which will assist us in our consideration of your claim.
2. Your Insurance adviser will advise you on where to send this claim form. If you have any doubts, you may contact us on 1800 682 366.

**Declaration**

I/We hereby declare that we have read and understood the Important Notices above and agree to them.

I/We hereby confirm that I/We have read this claim form and that the answers provided are in every respect true and correct and that I/We have not withheld any information relevant to consideration of the liability of this Policy for this claim.

I/We further confirm that if such information is in the writing of any person other than myself such persons shall be deemed to have been my Agent for the purpose of providing this information.

**Please remember to attach:** A legible copy of the Driver's Licence, RTA Printouts and other information to be provided.

Signature of Insured: ..... Date: .....