

To ensure prompt attention to your claim, please complete this form in full and leave it with your vehicle for assessment.

- Note:**
- Ensure the accident description is accurate and all questions on the claim form have been answered in full.
 - Obtain one quotation from a repairer of your choice.
 - Repairs may not be commenced without written authority from Freeman McMurrick Pty Ltd.

Insured's details

Name _____

Residential address _____

Postcode _____

Email address _____

Phone number (H) _____ (M) _____

Policy number _____ Policy expiry date _____

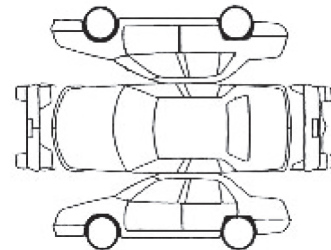
Insured vehicle details

Make _____	Sum insured _____	Chassis number _____
Model _____	Registration _____	Engine number _____
Year _____	Registration expiry _____	Speedometer reading _____
Type of use _____	<input type="checkbox"/> Private	<input type="checkbox"/> Business

Damage sustained

Area damaged _____

Indicate on diagram the body panels damaged in this accident



Repairer's name _____

Repairer's address _____

Repairer's phone number _____

Is the vehicle drivable? Yes No Is the vehicle at repairer's? Yes No

Address vehicle towed to _____

Date of accident _____ Time of accident _____ am/pm _____

Place of accident _____

Road conditions Wet Dry Daylight Dark

Your vehicle

Estimated speed 100m prior to impact _____ kph

Estimated speed on impact _____ kph

Was your vehicle on the correct side of the road before the collision? Yes No

Was your vehicle on the correct side of the road after the collision? Yes No

Other vehicle

Estimated speed 100m prior to impact _____ kph

Estimated speed on impact _____ kph

Was their vehicle on the correct side of the road before the collision? Yes No

Was their vehicle on the correct side of the road after the collision? Yes No

Accident description

Plan of accident - Make an approximate plan of the scene of the accident showing the width of the roadway, positions of vehicles and persons involved, and direction vehicles were travelling. If accident occurred at an intersection, show traffic lights, stop signs, pedestrian crossing, etc.

Please mark insured vehicle as 'A' and other vehicles as 'B' etc. Show direction '>', eg 'A>'

Details of driver of insured vehicle

PLEASE PROVIDE A PHOTOCOPY OF YOUR DRIVERS LICENCE WITH THIS CLAIM FORM

Name	D.O.B / /	Licence No.
Have you ever: Had a motor vehicle stolen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Details</u>
Lost your licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Details</u>
Had any traffic offences, fines or infringements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Details</u>
Had any prior accidents and/or claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Details</u>

Police or Traffic Officer details

Did police attend accident scene?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Officer's name Station attached to		<hr/>
If no, was accident reported?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was intoxicating liquor/drugs consumed by driver in 12 hours prior to accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how much and when?		<hr/>
Was driver's judgement impaired	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did police order any breathalyser or blood alcohol test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was test taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>What was the reading?</u>
Was driver driving with knowledge and consent of insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Who was responsible for the collision?		<hr/>
Did any driver admit liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Whom?</u>
Has a fine or on-the-spot fine been imposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Passenger details

Name/s	Name/s
Address/es	Address/es

Witness details

Name/s	Name/s
Address/es	Address/es

Other vehicle details

Owners name	Mobile phone
Owners address	Insurer
	Vehicle make
Drivers name	Registration
Drivers address	Drivers licence
Owners name	Mobile phone
Owners address	Insurer
	Vehicle make
Drivers name	Registration
Drivers address	Drivers licence

Property damage

Damage to property (fences, buildings, etc)

Persons injured

Privacy

Calliden and Freeman McMurrick are committed to protecting your privacy. We will only use the personal information you have provided to us in settling this claim and any claim made against you in respect of the claim. You can check the personal information we hold by contacting our Privacy Officer on 02 9551 1111.

Signatures

I/we acknowledge Freeman McMurrick Pty Ltd may give to, or obtain from, other Insurers and/or Insurance/Financial Reference Bureau, State Licensing Authority, Parts or Service Providers, personal information in relation to this claim or my insurance in general.

I/we hereby declare the foregoing particulars to be true and correct, and I/we undertake to render every assistance in my/our power in dealing with this matter.

Signature of owner _____ Date _____

Signature of owner _____ Date _____



ABN 47 004 125 268
AFSL 234438
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Please send the completed claim form to:

P.O. Box 2717
Taren Point NSW 2229
Phone: 1300 664 390
Fax: 1300 78 77 55
Email: motorclaims@claimsservices.com.au

FREEMAN McMURRICK

Freeman McMurrick Pty Ltd
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