

## PRESTIGE MOTOR VEHICLE CLAIM FORM - CHARTIS

Ph: 1800 282 033

### How to obtain a quick response to your claim:

1. Make sure that you fully answer all questions;
2. Attach a copy of the Driver's Licence for the driver of the vehicle at the time of the accident;
3. Make sure you have read, signed and dated the declaration;
4. Obtain two quotes for repair if your damage is under \$1,000.00. If damage is greater than \$1,000.00, only one quote is required;
5. Email claim to Chartis: [autoclaimsau@chartisinsurance.com](mailto:autoclaimsau@chartisinsurance.com)

### Insured Details:

Policy Number:		Due Date:	
Name of Insured:			
Address:			
Suburb:		Post Code:	
Phone No:	( )	Mobile:	
Email:			
Are you GST Registered?		If Yes – A.B.N:	
What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred?		%	

### Vehicle Details:

Make:		Model:	
Body Type:		Reg. No:	
Engine No:		Year:	
Name of registered owner:			
Was any part of the vehicle in a damaged condition before the accident?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please describe damage:			
Is there a finance or lease agreement on the vehicle?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, name of lending company:			
Address:			
Suburb:		Post Code:	
Phone No:	( )		
Was there any other insurance in force on the vehicle at the time of the accident?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, name of insurance company:			

### Driver Details

Name:		Date of Birth:	
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# [ FREEMAN McMURRICK ]

Address:								
Suburb:					Post Code:			
Phone No:		( )		Mobile:				
Email:								
Licence No:		Expiry date:		Type:				
Licence Special Endorsement/Restrictions:								
What is the relationship between the drivers and the Insured?								
Are you the permanent or regular driver of the vehicle?		Yes		No				
Was the driver driving with the knowledge and consent of the insured?		Yes		No				
Has the driver a vehicle of his / her own?		Yes		No				
Was it in use at time of the accident?		Yes		No				
If yes, give details:								
Name of Insured:								
Was the vehicle let on hire?		Yes		No				
Employed for carriage of fare paying passengers?		Yes		No				
Has any Insurer ever declined, cancelled or refused to renew the driver's motor insurance or imposed special conditions?								
Yes		No		If yes, give details:				
Did the driver consume any alcohol or drugs during the 12 hour period before the accident?								
Yes		No		If yes, how much:				
Please list details of previous convictions, charges pending or infringements for any driving or criminal offences?								

## Damage

Describe the damage to your vehicle directly resulting from the accident:								
Where is the vehicle now:								
Suburb:					Telephone No:			
Was the vehicle towed?		Yes		No				
If yes, by whom?								

**Please attach a written quotation for the damage to your vehicle.**

## Accident Details

Date:					Time:		am	pm
Location / Street:								
Suburb:					State:			
Road Surface:		Sealed		Unsealed				
How was Visibility?		Good		Moderate		Poor		
Weather:		Fine		Raining		Foggy		

# [ FREEMAN McMURRICK ]

Other weather conditions:			
What was your speed, 20 metres before the accident?			
What was your speed at time of impact?			
Other vehicles speed, 20 metres before the accident?			
Other vehicles speed at time of impact?			
Did either party admit liability?	Yes		No
If yes, which party?			
Who do you think was responsible?			

Explain exactly how the accident happened: (Use a separate sheet if necessary or back of this form)

**Please sketch a plan of the accident**

	<b>Direction</b>
	1. Name the streets
	2. Give width of streets
	3. Indicate line or lane markings
	4. Show give way and stop signals
	5. Show traffic control lights
	6. Indicate distances _____ 10m
	7. Indicate speed of vehicles
	8. Show accurately position of vehicles and witnesses
	9. Show your vehicle <input checked="" type="checkbox"/> - other vehicle <input type="checkbox"/>
10. Show point of impact with an X	

**Third Party Details**

Please attach any demands received from the third party. If more than one vehicle involved, please attach a separate sheet or use the back of this form.

Other vehicle involved:

Make and Model:			
Reg. No.		Body Type:	
Describe damage to other vehicle:			
Drivers Name:			
Address:			
Suburb:		Post Code:	
Phone No:	( )	Mobile:	
Owners Name:			
Address:			
Suburb:		Post Code:	

# [ FREEMAN McMURRICK ]

Phone No:	( )	Mobile:	
Licence No:		Insurer:	Policy No:
Was any property damaged in the accident, other than a motor vehicle?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what else was damaged:			
Owner:			
Address:			
Suburb:			Post Code:
Phone No:	( )	Mobile:	

## Police

Did police attend accident or was accident reported to police station:			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, Officer's Name:			
Station:		Incident Report No:	
Was the driver of the insured vehicle tested for alcohol or drugs?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what was the result?			
Was any person charged, cautioned or infringed because of the accident?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, name:			
Offence (s):			

## Witness

Were there any witnesses to the accident?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, please provide further details:			
Name:			
Address:			
Suburb:			Post Code:
Phone No:	( )	Mobile:	
Name:			
Address:			
Suburb:			Post Code:
Phone No:	( )	Mobile:	

**Declaration**

I/We declare that the information supplied on this claim form is true in every respect.

I/We undertake to render every assistance in my/our power in dealing with this matter.

I/We give authority to the Insurer of our vehicle, to give or to obtain from any other insurance company, insurance reference bureau or similar organisation any information in relation to insurance matters or claims history.

At Freeman McMurrick we take privacy very seriously. For full details of our privacy policy please refer to our website: [www.freemanmcmurrick.com.au](http://www.freemanmcmurrick.com.au)

**Driver's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Insured's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you are not satisfied with the outcome of your claim, you may contact THE FINANCIAL OMBUDSMAN SERVICE for advice and assistance in resolving your claim. The TOLL FREE telephone number for THE FINANCIAL OMBUDSMAN SERVICE is 1300 780 808.