





A.C.N. 006 767 540    A.B.N. 50 006 767 540    AFSL 236 653

What was your speed, 20 metres before the accident .....    At the time of impact .....

Other vehicles speed, 20 metres before the accident .....    At the time of impact .....

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

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**Please Sketch A Plan of the Accident**

	<p><b>Direction</b></p> <ol style="list-style-type: none"> <li>1. Name the streets</li> <li>2. Give width of streets</li> <li>3. Indicate line or lane markings _____</li> <li>4. Show give way and stop signs</li> <li>5. Show traffic control lights</li> <li>6. Indicate distances _____ 10m</li> <li>7. Indicate speed of vehicles</li> <li>8. Show accurately position of vehicles and witnesses</li> <li>9. Show your vehicle <span style="background-color: black; color: black;">          </span>—other vehicle <span style="border: 1px solid black; padding: 0 5px;">1</span>—</li> <li>10. Show point of impact with an <b>X</b></li> </ol>
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**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/ Model .....    Reg. No. ....    Body Type .....

Describe damage to other vehicle. ....

Drivers Name .....    Owners Name .....

Address .....    Address .....

City/Suburb .....    City/Suburb .....

Telephone No. ....    Telephone No. ....

Licence No .....    Insurer.....    Policy No .....

Was any property damaged in the accident, other than a motor vehicle?    Yes     No



**Witness**

Were there any witnesses to the accident?

Yes     No

If yes, please provide further details

Name .....	Name .....
Address .....	Address .....
City/Suburb .....	City/Suburb .....
Telephone No. ....	Telephone No. ....

**Declaration**

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

I/We consent to the use of 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 claim may not be able to be processed. \* I consent to the disclosure of my personal information to other Insurers, an Insurance reference service or a required by law. I consent to also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

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)

Signature .....    Date .....    Date .....

**Driver**

**Insured**

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**

\* This consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business

**Level 50, 80 Collins Street, Melbourne 3000**  
 Claims Fax : 03 9211 3525  
 Claims email address : [claims@freemanmcmurrick.com.au](mailto:claims@freemanmcmurrick.com.au)