



**McCormick
Harris**
INSURANCE

ADVICE • SOLUTIONS • SERVICE

www.mccormickharris.com.au

Motor Vehicle Claim Form

Please answer all questions. This will help us process your claim quickly.

If you need more space to answer any of the question, please use a separate sheet of paper.

Any attachments will form part of the claim report and the declaration will include them.

1. Policy Number (from your schedule) Expiry date
2. Insured (surname, company, partnership)
3. Given name(s) of Insured Contact Person (for company or partnership claims)
4. Address Postcode
Email Address
5. Are you registered for GST purposes? No Yes
6. What is your ABN?

Have you claimed for or do you intend to claim an input tax credit on the GST applicable to this policy?

No	Yes	Is the amount claimed for or intend to be less than 100% of the GST applicable to the premium	Specify the percentage amount claimed or intended to be claimed
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Insured vehicle details

7. Description of the vehicle involved in the accident?

Registration or identification no.	Engine number	VIN
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Name of Registered Owner	Make, model	Year of manufacture
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8. Do you owe money on the vehicle?

No	Yes	Lender's name	Approximate amount owing
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9. Has the vehicle been modified or converted from the manufacturer's specifications or fitted with accessories other than those supplied by the manufacturer?

No	Yes	Describe the modifications / accessories
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10. Was there any unrepaired damage to the vehicle for the accident?

No	Yes	Describe the unrepaired damage
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Accident details

11. When did the accident happen?

Date	Time	a.m	p.m
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12. Where did the accident happen? Please provide a street direction map reference if possible

13. How did the accident happen?

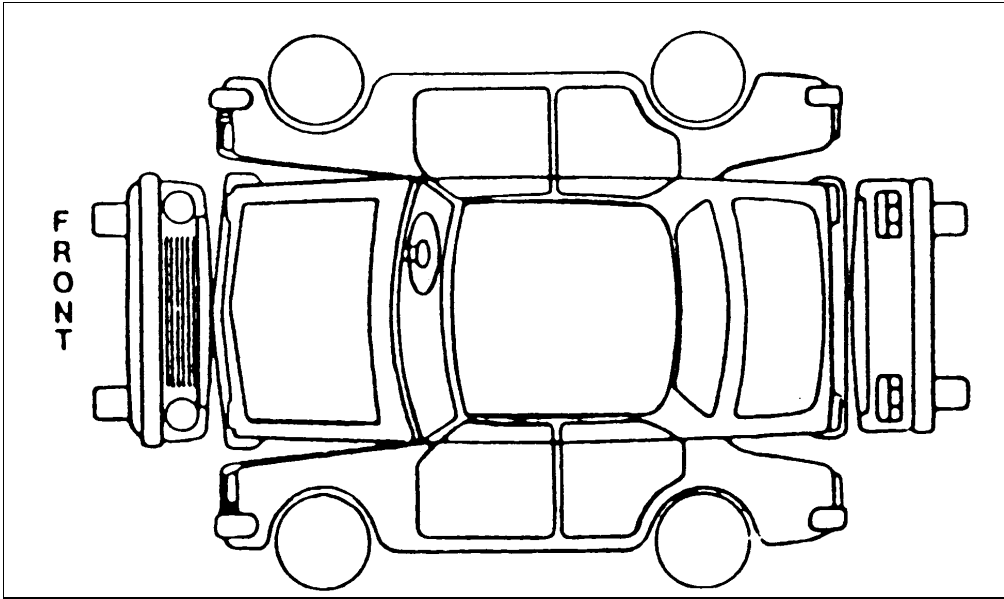
Describe in detail the circumstances leading up to the accident and how the accident happened. It is important to be as accurate as you can. Please tell us all the facts, even if they are not in your favour. Tell us which person you feel is at fault and why.

14. On a separate piece of paper please attach a diagram of the accident scene showing the position of all vehicles. Indicate by arrows the direction in which the vehicle is travelling, the names of the streets and the north point of the compass. Please identify any other vehicles involved as '2', '3', '4' etc. It is important that the sketch be as accurate as possible as it may be used in legal proceedings.

15. Do you have dash cam footage?	Yes	No
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16. Are you claiming for damages to your vehicle?	Yes	No
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17. On this diagram please shade the areas damaged in the accident.



18. Whom is your chosen repairer?

Name of repairer

If your vehicle was towed, by whom?

19. Was a trailer being towed at the time of the accident?

No

Yes

Type of Trailer

Registration No.

Driver details

20. Who was in charge of the vehicle when the accident happened? Relationship to insured (e.g son, daughter, employee)

Address

Postcode

Private telephone no.

Business telephone no.

Email Address

Was the person driving with the knowledge and consent of the insured?

No

Yes

21. Did the driver have a current driver’s license for this class of vehicle?

No	Yes	License no.
Learner’s	‘P’ plate	Full
Years licenced	Date of Birth	Licence class

22. Did the driver drink alcohol, or take drugs or medication in the 12hrs prior to the accident?

No	Yes	What did the driver drink or what drugs or medication did the driver take?
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23. Has the driver been charged with, or convicted of, a motoring offence (other than a parking offence) or been disqualified from driving in the past 5 years?

No	Yes	provide the details
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24. Has the driver been charged with, or convicted of, any criminal offences in the past 10 years?

No	Yes	provide the reasons
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25. Has the driver had insurance refused or cancelled, had special conditions imposed by an insurer?

No	Yes	provide the reasons
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26. Has the driver been involved in a car accident, or claimed against an insurance company for damage to a car, in the past 5 years?

No	Yes	Complete details below
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Date of Occurance	Brief details (e.g. hit other car in rear)
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Other Vehicle detail(s)

Please provide information about the other vehicle(s), even if they are not damaged. This will help in our investigation

27. Owners details (Vehicle 2)

Full name

Telephone number

Address

Postcode

Licence number

Date of birth

Insurance company

Damaged area

28. As a result of the accident, was there any other property damaged (e.g. fences, telephone poles)?

No

Yes

Provide details (including name and address of owner)

Witness Information

29. Were there any independent witnesses to the accident?

No

Yes

Please complete the details below

Witness No. 1

Full Name

Telephone Number

Address

State

Postcode

Type of witness:

Passenger in insured's vehicle

Independent eye witness

List other people on a separate page and attached the page to this form

Police Details

30. Did the police or fire brigade attend the accident?

No Yes Police or Fire Brigade

Officers name Name of station

31. Was the accident reported to the police station?

No Yes Name of station Report Number

32. Was either driver asked to take a blood/breathalyser test?

No Yes Insured driver the result

Other driver and the result

33. Was either driver charged with an offence or offences or advised that charges may be laid?

No Yes Insured driver and the offence(s)

Other driver and the offences

Privacy

McCormick Harris Insurance includes information about how we manage your personal information in our Privacy policy located on our website www.mccormickharris.com.au or contact our Compliance Manager on 03 5438 1666 or email client.service@mhi.com.au for further information.

HEIC image files are not supported.

This restriction applies to images sent from Apple mobile devices.

To ensure compatibility, please adjust your camera settings by navigating to Settings > Camera > Formats and selecting "Most Compatible" rather than "High Efficiency".

Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I/we agree that, by submitting this form, the personal information I/we provide to your Insurer in this form or otherwise may be collected held, used and disclosed in the manner set out in our privacy policy found at www.mccormickharris.com.au, including for processing this claim.

Signature of the insured person with the authority to sign for
and on behalf of a company or partnership.

Date

Signature of the driver (if not the insured)

Date

Please indicate the number of pages attached to this claim report

When complete, please forward the report to:

Email – claims@mhi.com.au

Or send it to

McCormick Harris Insurance

PO Box 100

Bendigo, VIC 3552