Motor Vehicle Claim Form

GUARDIAN
INSURANCE BROKERS

Dear Policyholder,

We're sorry to hear you've had an accident. Guardian Insurance Brokers Pty Ltd's aim is to assist in the settlement of your claim as quickly as possible. You can help us do this by ensuring the enclosed claim form is completed promptly and that all questions are fully answered. If there is insufficient space for your answers, please attach a separate statement.

The information provided below may answer some of the questions which could arise following your claim:

- The excess must be paid to the repairer when you collect your car unless prior arrangements have been made with your insurer. This must be paid even if you were not at fault. If the accident was clearly someone else's fault, the insurer will take recovery action against the person responsible for the accident and will include the amount of your excess. In the case of third party only cover, the excess must be paid to your insurer at the time of submitting your claim.

- Your no claim discount may not be affected provided you are able to prove that some person other than you or the driver ofthe insured vehicle was totally responsible for the accident and you are able to advise the insurer of the name and address ofthat person.

- If the other party involved in the accident has stated that you are being held responsible for the damage to the other vehicle or property, you should indicate that you will be lodging a claim with your insurer and that any demands for compensation willbe handled by your insurer. Do not admit liability or make any offers or promises of payment without the insurer's consent.

- If you receive a letter of demand and a quotation and/or account for the repairs to another person's vehicle or property, you must send this correspondence to Guardian Insurance Brokers Pty Ltd or your insurer immediately. Any delays could resultin additional costs.

- Even if you feel you were not responsible for the accident, do not ignore letters of demand from the other party. Any correspondence from the other party should be forwarded to Guardian Insurance Brokers Pty Ltd or your insurer. If you fail to act on the other party's letter of demand, it may result in a summons being served on you. If this happens, you must contact Guardian Insurance Brokers Pty Ltd or your insurer immediately.

- If you feel the repairs to your vehicle are unsatisfactory, you should discuss the problem with the repairer. If you are unableto reach agreement, then contact Guardian Insurance Brokers Pty Ltd or your insurer.

If you have any problems during the period of your claim, please contact Guardian Insurance Brokers Pty or your insurer and quote your claim number if you know it. Prompt attention will be provided to any queries you may have.

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Guardian Insurance Brokers is an entity
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Your Privacy

The Privacy Act 1988 (Cth) requires Guardian Insurance Brokers Pty Ltd to make the following disclosure before collecting personal information about you after 21 December 2001:

- Guardian Insurance Brokers Pty Ltd collects personal information in order to provide it's various services which includeinsurance broking, claims management, risk management consultancy, underwriting management, and reinsurance.

- If the personal information Guardian Insurance Brokers Pty Ltd requests from you is not provided, Guardian InsuranceBrokers Pty Ltd or any involved third party may not be able to provide the appropriate services.

- Guardian Insurance Brokers Pty Ltd discloses personal information to third parties who are involved in the provision of ourservices. For example, in arranging and managing your insurance needs Guardian Insurance Brokers Pty Ltd may provideinformation (including sensitive information such as health information) to insurers, reinsurers, other insuranceintermediaries, it's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claimshandling process. By signing this form and continuing to deal with us, you confirm on your behalf and/or on behalf of thoseyou represent consent to Guardian Insurance Brokers Pty Ltd and these parties collecting, using and disclosing personal andsensitive information about you.

- Guardian Insurance Brokers Pty Ltd has a duty to maintain the confidentiality of it's client's affairs which includes theirpersonal information. Our duty of confidentiality applies except where disclosure of your personal information is with yourconsent or required by law.

- Guardian Insurance Brokers Pty Ltd may make use of your personal information to provide you with information about it'sproducts and services.

Further details on the Guardian Insurance Brokers Pty Ltd Privacy Policy are on our website:
www.guardianinsurancebrokers.com.au

Contact Us
Simply contact the Guardian Insurance Brokers Pty Ltd Privacy Officer on the details below if you would like to:

- Access the personal information Guardian Insurance Brokers Pty Ltd hold about you

- Update or correct the information Guardian Insurance Brokers Pty Ltd holds about you

- Discuss your privacy concerns

- Be removed from the mailing list to receive information about Guardian Insurance Brokers Pty Ltd products and services

Privacy Officer
Email: guardian@guardian.com.au
Telephone: (08) 8238 0100

Claim Number

1. Policyholder

Full Name

Address | Postcode

Home Phone | Work Phone | Mobile

Email

Occupation

Insurer

Policy number | Expiry date / /

For what purpose was the vehicle being used?

2. Insured Vehicle

Make and Model | Body type

Year of Manufacturer | Engine Number | Registration Number

Vehicle Identification Number (VIN) | Expiry date of registration / /

Name of Finance Company (if applicable):

Address of Finance Company (if applicable):

Postcode

Have there been any engine, body or transmission modifications from the manufacturer's original specifications or any accessories added? ◯ **Yes (give details)** ◯ **No**

If yes, provide full details below:

3. Driver

Please complete these details in respect of the person in charge of the vehicle at the time of the accident

Full Name of Driver | Gender ◯ **M** ◯ **F**

Address of Driver | Postcode

Occupation

Date of birth / / | Drivers lic. No. | State of issue | Licence exp / /

How long has the driver held a motor vehicle licence? ____ years

Was the vehicle being used with the full knowledge and consent of the policy holder? ◯ **Yes** ◯ **No**

What is the relationship of the Driver to the Policyholder?

Have you (the Policyholder) or the driver of the vehicle at the time of the accident:

(i) Been involved in any previous motor vehicle accident in the last 5 years? ◯ **Yes (give details)** ◯ **No**

(ii) Been charged with any offence in relation to the use of a motor vehicle in the last 5 years? ◯ **Yes (give details)** ◯ **No**

(iii) Had any insurance declined or cancelled, been refused renewal of an insurance or had special terms imposed in the last 5 years? ◯ **Yes (give details)** ◯ **No**

If you answered "Yes" to (i), (ii) or (iii), please provide details below:

Name	Date	Particulars (eg. insurer's name, details of charges, etc)
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

Was the driver under the influence of any drug or alcohol at the time of the accident? ◯ **Yes (give details)** ◯ **No**

Please state what drugs or how much alcohol was consumed by the driver in the 12 hours prior to the accident:

Did the driver undergo a breath test? ◯ **Yes (give details)** ◯ **No** If a breath test was undertaken, what was the reading?

Has the driver's motor vehicle licence ever been cancelled or suspended? ◯ **Yes (give details)** ◯ **No**

If yes, please provide details below:

4. Accident Date and Time

Date of accident / / Time of accident am / pm

5. Description of Accident

Name of Street where accident occurred:

If at an intersection, names of intersecting streets:

Suburb, Town, City

Clearly and fully describe how the accident occurred (if insufficient space, attach a separate statement):

Was the street wet? ◯ **Yes** ◯ **No**

Did the other party admit liability? ◯ **Yes (give details)** ◯ **No**

If yes, please provide details below:

Please draw sketch showing position of all vehicles and pedestrians at the time of the accident:

Please draw sketch showing position of all Vehicles and Pedestrians at the time of the accident. Show also position of all Traffic Lights, Signs and Pedestrian Crossings.

SYMBOLS

Street Intersection

Pedestrians

Curved Street

Stop Sign

Your Vehicle

Give Way Sign

Other Vehicle

Traffic Lights

SHOW NORTH BY ARROW

Did the driver suffer any injury? ◯ **Yes** ◯ **No** If Yes, was medical attention required? ◯ **Yes (give details)** ◯ **No**

If medical attention was required, state the name and address of the doctor or hospital below:

Please indicate the Insured vehicle's speed immediately prior to the accident:

◯ Stationary ◯ Under 30 km/s ◯ 30–60 km/h ◯ 60–80 km/h ◯ 80–100 km/h ◯ Over 100 km/h

Please indicate the Other vehicle's speed immediately prior to the accident:

◯ Stationary ◯ Under 30 km/s ◯ 30–60 km/h ◯ 60–80 km/h ◯ 80–100 km/h ◯ Over 100 km/h

Was the vehicle towed from the scene of the accident? ◯ **Yes (give details)** ◯ **No**

If towed, please provide the name of the towing contractor:

Did you authorise this towing? ◯ **Yes** ◯ **No**

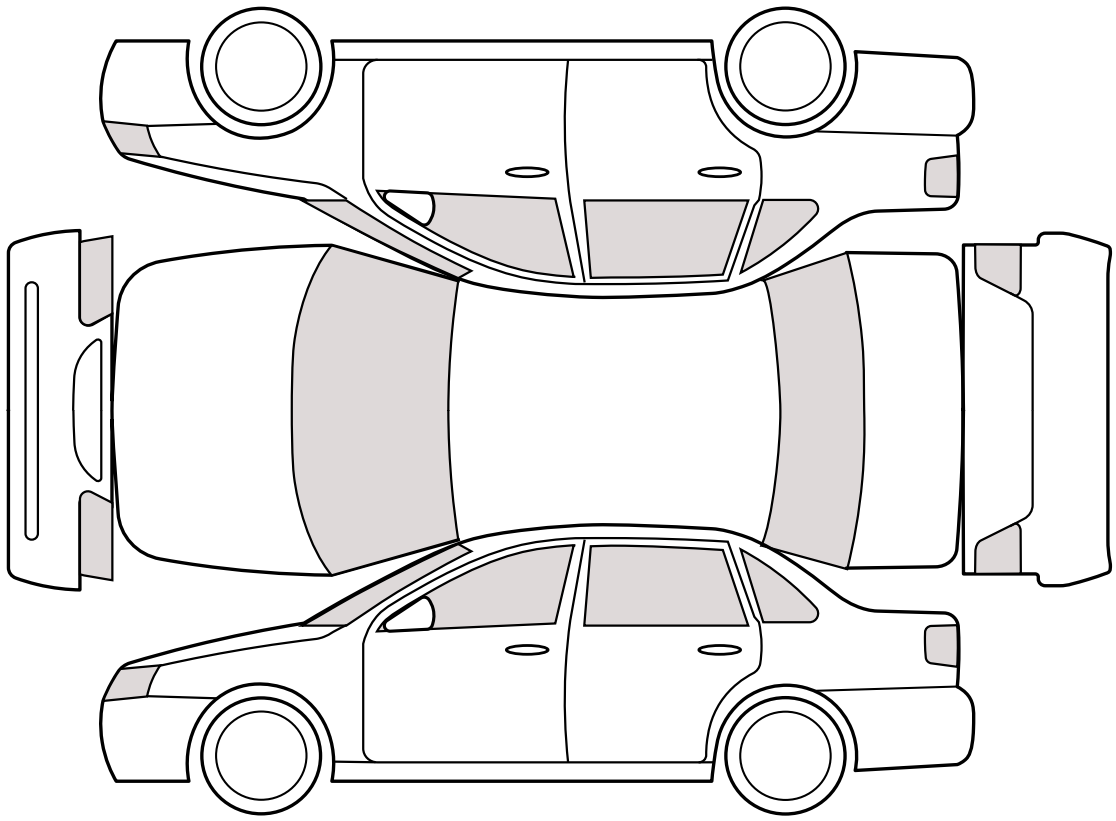
Where can the vehicle be inspected? (If at a repairer's premises, provide the name and address of repairer)

Phone

Estimate Cost of Repairs (including parts) for the INSURED vehicle: $

Repair Quotation Number (if known):

Please indicate areas of damage to the INSURED vehicle:



6. Police

Date reported to Police: Date / / Time am / pm

Did the Police attend the accident? ◯ **Yes (give details)** ◯ **No**

Which Police Station where the officers from?

Police officer's name

Police report number

Did the Police indicate which driver was at fault? ◯ **Yes (give details)** ◯ **No**

If the Police indicated who was at fault, please advise the name of the driver charged or cautioned:

If the Police charged or cautioned a driver at fault, please advise the nature of the charge or caution:

7. Other Parties

Please complete this section if any other vehicles or property involved

Number of other vehicles involved:

Full Name of Owner

Address of Owner | Postcode

Date of birth / / | Drivers lic. No. | State of issue | Licence exp / /

Owner's Phone | Owner's Insurer

Make and Model | Body type

Year of Manufacturer | Engine Number | Registration Number

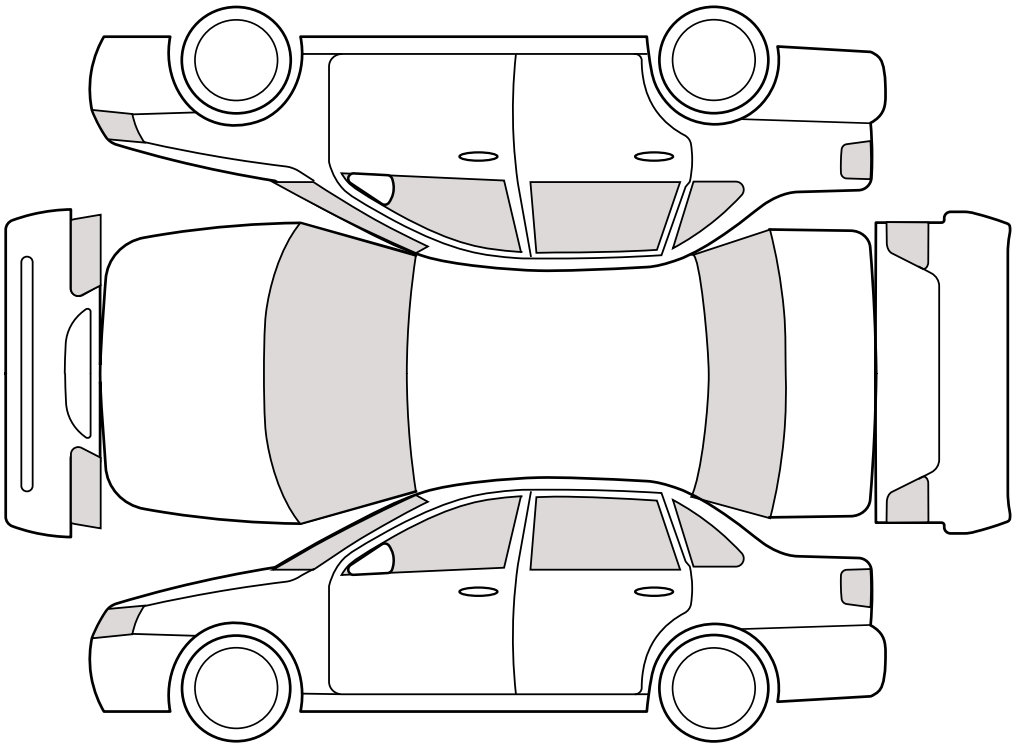
Full Name of Driver | Gender ◯ M ◯ F

Address of Driver | Postcode

Estimate Cost of Repairs (including parts) for the OTHER vehicle: $

Repair Quotation Number (if known):

Please indicate areas of damage to the OTHER vehicle:



Please provide details of any damage to other party's vehicle and/or property. If there is more than one third party involved, please provide similar details on a separate sheet:

8. Witnesses

Passengers in the Insured Vehicle:

Name	Phone	Address

Independent Witnesses:

Name	Phone	Address

9. ABN Details

Are you a registered business? ◯ **Yes** ◯ **No**

ABN

What percentage of GST in your premium did you claim as an Input Tax Credit (ITC) for the period of insurance in which this loss occurred?

%

10. Declaration

The information and answers given above are a true and complete statement of the facts and matters relating to the happening for which this claim is made, and no information likely to affect this claim has been withheld. I authorise my Insurer to undertake on my behalf whatever actions are necessary to indemnify me within the terms of my policy including if necessary, removal of my vehicle to alternative premises to enable repairs to be carried out by a qualified Motor Body Repairer. I understand that this claim may be refused if information is untrue, inaccurate or concealed.

I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify the Insurer and Guardian Insurance Brokers Pty Ltd in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Full name of Driver

Signature of Driver

Date / /

Full name of Policyholder

Signature of Policyholder

Date / /