

Insurer: **Swann Insurance (Aust.) Pty. Ltd.** ABN 80 000 886 680. An IAG Company.

All questions must be answered. Please print and indicate where applicable. If insufficient space provided, please write on a separate sheet and attach to the form.

your personal information

TITLE (e.g. MR/MRS)	GIVEN NAME(S)	SURNAME		
OCCUPATION		ADDRESS		POSTCODE
BUSINESS TELEPHONE NO. ()	PRIVATE TELEPHONE NO. ()	MOBILE NO.		
EMAIL				ABN : : : : : : : : : :

ARE YOU ENTITLED TO CLAIM AN INPUT TAX CREDIT FOR REPAIRS OR REPLACEMENT OF YOUR VEHICLE?

NO YES IS THE AMOUNT CLAIMABLE LESS THAN 100%? NO YES SPECIFY THE PERCENTAGE AMOUNT CLAIMABLE %

your motor vehicle/motorcycle information

MAKE	MODEL	YEAR MFR.	REGISTRATION NUMBER	ENGINE CAPACITY CC
VIN (ENGINE NUMBER)	DATE OF PURCHASE / /	PURCHASED FROM (DEALER)		YOUR POLICY SCHEDULE NO.
FINANCE COMPANY AND ADDRESS (IF APPLICABLE)				FINANCE CONTRACT NO.
USE AT TIME OF INCIDENT – TICK (✓) APPLICABLE PRIVATE <input type="checkbox"/> BUSINESS <input type="checkbox"/> GOODS CARRYING <input type="checkbox"/> COURIER <input type="checkbox"/>		NORMAL USE – TICK (✓) APPLICABLE PRIVATE <input type="checkbox"/> BUSINESS <input type="checkbox"/> GOODS CARRYING <input type="checkbox"/> COURIER <input type="checkbox"/>		NUMBER OF KEYS <input type="text"/>
MODIFICATIONS – PLEASE LIST ALL MODIFICATIONS TO THE MOTOR VEHICLE /MOTORCYCLE TO IMPROVE PERFORMANCE OR APPEARANCE <input type="text"/>				
NAME OF REGISTERED OWNER		ADDRESS		
				POSTCODE

information of driver/rider or person last in charge of your motor vehicle/motorcycle

TITLE (e.g. MR/MRS)	GIVEN NAME(S)	SURNAME		
OCCUPATION		ADDRESS		POSTCODE
TELEPHONE NO. ()	AGE YEARS	BIRTH DATE / /		
IS THIS PERSON A REGULAR DRIVER/RIDER OF THIS MOTOR VEHICLE/MOTORCYCLE? NO <input type="checkbox"/> YES <input type="checkbox"/> HOW REGULAR? PROVIDE PERCENTAGE <input type="text"/> %				
LICENCE/PERMIT NUMBER	DATE FIRST OBTAINED / /	DATE EXPIRES / /		
LICENCE STATUS – TICK (✓) APPLICABLE FULL <input type="checkbox"/> PROBATIONARY <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> LEARNER'S PERMIT <input type="checkbox"/>				
LICENCE NO.		DATE EXPIRES / /		
MARKET VALUE AT TIME OF INCIDENT \$	WHAT WAS THE ODOMETER READING AT THE TIME OF INCIDENT KMS			

personal history of the insured person and/or driver/rider

QUESTIONNAIRE: ALL QUESTIONS MUST BE ANSWERED. IF INSUFFICIENT SPACE, PLEASE PROVIDE ADDITIONAL DETAILS ON A SEPARATE PAGE.

PLEASE TICK (✓) 'YES' OR 'NO' AND GIVE DETAILS AS REQUESTED.

IN THE PAST 5 YEARS HAS THE INSURED/DRIVER/RIDER/PERSON IN CHARGE OF THE INSURED VEHICLE/CYCLE:

1. HAD ANY **"AT FAULT"** MOTOR ACCIDENTS OR LOSSES INCLUDING FIRE, THEFT AND WILFUL DAMAGE?
"AT FAULT" INCLUDES ACCIDENTS AND LOSSES YOU WERE RESPONSIBLE FOR OR YOU WERE UNABLE TO RECOVER FROM THE RESPONSIBLE PARTY.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
2. HAD ANY **"NOT AT FAULT"** MOTOR ACCIDENTS OR LOSSES NOT DECLARED ABOVE?
3. HAD APPLICATION FOR MOTOR VEHICLE/MOTORCYCLE INSURANCE REFUSED OR HAD A POLICY DECLINED OR CANCELLED?
4. BEEN CONVICTED OF ANY CRIMINAL OFFENCE?
5. BEEN IMPRISONED FOR 3 MONTHS OR MORE?
6. HAD A DRIVERS/RIDERS LICENCE SUSPENDED, CANCELLED, ENDORSED OR RESTRICTED?
7. BEEN CHARGED OR CONVICTED OF DRIVING/RIDING WITHOUT A VALID LICENCE OR PERMIT?
8. BEEN CONVICTED OR FINED, OR HAVE CHARGES PENDING FOR ANY ALCOHOL OR DRUG RELATED DRIVING/RIDING OFFENCES?

IF YES TO ANY QUESTION ABOVE, PLEASE PROVIDE FULL DETAILS BELOW (OR ATTACH AN EXPLANATION)

tell us about the incident

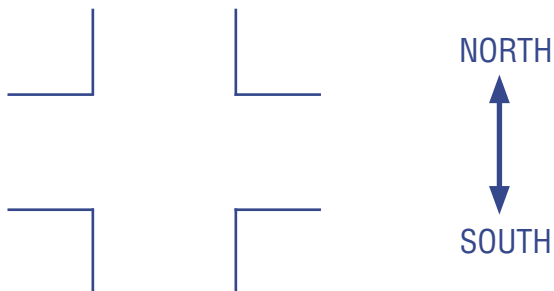
DATE OF INCIDENT	DAY	TIME	
/ /			AM / PM

WHERE DID THE INCIDENT OCCUR?	SUBURB/TOWN

THE INSURED/DRIVER/RIDER'S DESCRIPTION OF THE INCIDENT (IF INSUFFICIENT SPACE, PLEASE ATTACH A SEPARATE PAGE)

INTERSECTION ACCIDENTS

DRAW YOUR OWN DIAGRAM FOR ACCIDENTS INVOLVING OTHER ROADWAYS:



SYMBOLS: YOUR VEHICLE OTHER VEHICLE (DIRECTION OF TRAVEL INDICATED BY ARROW IN SYMBOL)
 PLEASE ALSO INDICATE TRAFFIC LIGHTS, STOP OR GIVEWAY SIGNS.

tell us about the incident (cont.)

HAD ANY ALCOHOL OR DRUGS BEEN TAKEN BY THE DRIVER/RIDER DURING THE 12 HOURS PRIOR TO INCIDENT?

NO YES TIME TAKEN AMOUNT AND TYPE TAKEN
AM / PM

WAS THE DRIVER/RIDER INJURED IN THE INCIDENT?

NO YES TO WHICH HOSPITAL WAS THE DRIVER/RIDER TAKEN?

police report

WAS THE INCIDENT REPORTED TO THE POLICE?

NO YES DATE REPORTED TIME POLICE REPORT NUMBER
/ / AM / PM

DID POLICE ATTEND?

NO YES NAME OF OFFICER NUMBER STATIONED AT

DID YOU OR YOUR RIDER/DRIVER HAVE A BLOOD ALCOHOL TEST?

NO YES PROVIDE RESULTS

DID YOU OR YOUR RIDER/DRIVER HAVE A BREATHALYSER TEST?

NO YES PROVIDE READING AND ATTACH CERTIFICATE IF APPLICABLE

other vehicles/cycles involved (Do not put in details of the insured vehicle/cycle)

CAR 1

MAKE OF VEHICLE/CYCLE REGISTRATION NUMBER
DRIVER'S NAME VEHICLE/CYCLE COLOUR
DRIVER'S ADDRESS
POSTCODE
TELEPHONE NO.
()
OWNER'S NAME
OWNER'S ADDRESS
POSTCODE
TELEPHONE NO.
()
INSURANCE COMPANY POLICY NO.
NATURE OF DAMAGE TO THIS VEHICLE/CYCLE VALUE OF DAMAGE \$
DRIVERS/RIDERS LICENCE NO. EXPIRY DATE
/ /
DATE OF BIRTH NUMBER OF PERSONS IN THE VEHICLE/CYCLE
AT TIME OF INCIDENT

CAR 2

MAKE OF VEHICLE/CYCLE REGISTRATION NUMBER
DRIVER'S NAME VEHICLE/CYCLE COLOUR
DRIVER'S ADDRESS
POSTCODE
TELEPHONE NO.
()
OWNER'S NAME
OWNER'S ADDRESS
POSTCODE
TELEPHONE NO.
()
INSURANCE COMPANY POLICY NO.
NATURE OF DAMAGE TO THIS VEHICLE/CYCLE VALUE OF DAMAGE \$
DRIVERS/RIDERS LICENCE NO. EXPIRY DATE
/ /
DATE OF BIRTH NUMBER OF PERSONS IN THE VEHICLE/CYCLE
AT TIME OF INCIDENT

details of witness

WERE THERE ANY WITNESSES? YES NO

PASSENGER IN INSURED MOTOR VEHICLE/CYCLE

SURNAME GIVEN NAMES SEX M/F

ADDRESS TELEPHONE NO.

POSTCODE

PASSENGER IN OTHER MOTOR VEHICLE/CYCLE

SURNAME GIVEN NAMES SEX M/F

INDEPENDENT WITNESS

SURNAME GIVEN NAMES SEX M/F

ADDRESS TELEPHONE NO.

POSTCODE

damage to your motor vehicle/cycle

LIST DAMAGED AREA(S) AND EXTENT OF DAMAGE

WAS THE MOTOR VEHICLE/MOTORCYCLE TOWED?

NO YES BY WHOM? (PLEASE ATTACH COPY OF TOW TICKET)

IF STOLEN HAS YOUR VEHICLE/CYCLE BEEN RECOVERED? YES NO

WHERE IS THE MOTOR VEHICLE/MOTORCYCLE NOW?

REPAIRER'S NAME(S) TELEPHONE NO.

REPAIRER'S ADDRESS TOTAL OF REPAIR QUOTE

POSTCODE

\$

declaration and authority

1. I/we declare that to the best of my/our knowledge and belief the particulars in this form are true and correct and I/we have not withheld any relevant information.
2. I/we undertake to give every assistance in dealing with this matter.
3. I/we authorise Swann Insurance (Aust.) Pty. Ltd. to obtain all relevant information from the Police Department and/or my/our driving history/record from the appropriate Road Traffic Authority.
4. A photocopy of this authority may be acted on as if it were the original.
5. I consent to Swann Insurance (Aust.) Pty. Ltd. using 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, Swann Insurance (Aust.) Pty. Ltd. may not be able to process my claim.
6. I consent to Swann Insurance (Aust.) Pty. Ltd. disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to Swann Insurance (Aust.) Pty. Ltd. also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisers.
7. I hereby authorise you as my agent to remove the vehicle/cycle to any place of storage or repair and take any other action you consider necessary to implement repair or reinstatement of vehicle/cycle.

SIGNATURE OF INSURED

SIGNATURE OF DRIVER/RIDER

DATE

 / /

IF YOUR MOTOR VEHICLE/MOTORCYCLE IS A TOTAL LOSS OR A POSSIBLE TOTAL LOSS, PLEASE ATTACH A COPY OF YOUR MOTOR VEHICLE/MOTORCYCLE PURCHASE DOCUMENTS AND YOUR CURRENT REGISTRATION CERTIFICATE.

Swann Insurance (Aust.) Pty. Ltd. ABN 80 000 886 680 AFS Licence No. 238292. An IAG Company.

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