



Aviso Integral

Insurance Services

An Aviso Group Partner

Motor Claim Form

Claims@avisointegral.com.au

Policy Number Date Your Claim Reference For your records you can provide a division or reference number

Insured name/s (Policyholder name)

Contact name

Contact Number

E-mail

Address

Suburb

Post Code

State or Territory

ACT

NSW

NT

QLD

SA

TAS

VIC

WA

Are you registered for GST purposes?

No

Yes

What is your ABN?

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

No

Yes

Specify the percentage to be claimed

Insured Vehicle Details

Passenger Vehicle

Sedan or Station Wagon

Four Wheel Drive

Van or Utility up to 2 tonnes

Bus or Coach

Plant & Equipment

Earthmoving Plant

Quarry/Mining Plant

Agricultural/Light Plant

Bobcats/Skidsteer Loaders

Concrete Pumping Trucks & Drilling Rigs

Goods Carrying Vehicle

< 2 Tonnes

2 – 5 Tonnes

5 – 10 Tonnes

Over 10 Tonnes

Prime Mover & Trailer

Other

Caravan

Other (specify)

Trailer Only

Please provide the following details in relation to the damaged vehicle:

Year

Make

Model

Registration Number

Vehicle ID

Can include Vin, Chassis Serial or Engine Number

Is the insured the owner of the vehicle?

No

Yes

If no, provide owners name

Is the vehicle financed?

No

Yes

If yes provide the name of the financier

Purchase Price \$

Approximate amount owing \$

Was there any unrepaired damage to the vehicle before the accident?

No

Yes

If yes, Describe the unrepaired damage

What were you using the vehicle for at the time of the accident or theft? (E.g. travelling to work, shopping, business use)

Colac Office

Phone 03 5231 3088

Email info@avisointegral.com.au

Geelong Office

Phone 03 5244 1129

Email info@avisointegral.com.au

Ballarat Office

Phone 03 5331 1266

Email info@avisointegral.com.au

avisointegral.com.au

O'Donohue Nominees Pty Ltd trading as Aviso Integral Insurance Services

AFS Licence Number: 239911 / ABN: 28 005 729 831



Driver Details

Drivers Full Name

Drivers Address

Drivers Contact Number

Drivers Date of Birth

Relationship to the insured

☐

Insured – Owner/Driver

☐

Employee

☐

Contract/Casual Driver

☐

Relative

☐

Other

Was this person driving/operating with the insured's knowledge and consent?

☐

Yes

☐

No

Drivers Licence Number

Licence Expiry Date

State of Issue

Select...

Class of Licence

☐

C – Car

☐

R- Rider

☐

LR – Light Rigid

☐

MR – Medium Rigid

☐

HR – Heavy Rigid

☐

HC – Heavy Combo

☐

MC – Multi Combo

☐

Other

How long has the driver been licenced to drive this class of vehicle in Australia?

Years of experience driving this class of vehicle?

Has the driver's licence ever been cancelled or suspended (in the last 5 years)?

☐

No

☐

Yes

If yes please provide details

Did the driver drink any alcohol, or take any drugs, or medication in the 12 hours prior to the accident?

☐

No

☐

Yes

What did the driver drink, or what drugs or medication did the driver take?

Claim Type

Please select the best description of the type of claim you wish to make

☐

A vehicle accident involving another vehicle(s) or other parties' property

☐

Hail, flood, Storm, Bushfire or cyclone damage to a vehicle whilst not being driven

☐

Vehicle fire – other than a bushfire or result of an accident

☐

Windscreen or fixed glass breakage

☐

Malicious damage

Incident Details

Date of the incident

Time of the incident

Was this inbound or outbound from the vehicle's home base of operations?

☐

Inbound

☐

Outbound

Location of the incident

Suburb

Post Code

State or Territory

☐

ACT

☐

NSW

☐

NT

☐

QLD

☐

SA

☐

TAS

☐

VIC

☐

WA

Colac Office

Phone 03 5231 3088

Email info@avisointegral.com.au

Geelong Office

Phone 03 5244 1129

Email info@avisointegral.com.au

Ballarat Office

Phone 03 5331 1266

Email info@avisointegral.com.au

avisointegral.com.au

O'Donohue Nominees Pty Ltd trading as Aviso Integral Insurance Services

AFS Licence Number: 239911 / ABN: 28 005 729 831



Aviso Integral

Insurance Services

An Aviso Group Partner

Motor Claim Form

Claims@avisointegral.com.au

Select relevant
Conditions

Weather

Dry
Wet
Raining
Hailing
Flood

Road

Tarmac/Bitumen
Gravel/Dirt
Sand/Beach

Situation

Straight Road
T-Intersection
Driveway
Other (Please specify)

Estimated speed of your vehicle (km/h)

Estimated speed of other vehicle (km/h) if involved

Type & weight of load being carried (if any)

Describe how the incident occurred

Did this incident result in damage to another person(s) vehicle(s) or property?

No

Yes

Damage to the Insured Vehicle

Describe the damage to the vehicle

Was the vehicle towed from the scene?

No

Yes

Is the vehicle driveable?

No

Yes

If yes, please provide details of the tow company

Has a repair quote been obtained?

No

Yes

Amount \$ (please provide quote)

Repairer's name and address where vehicle can be assessed?

Suburb

Post Code

Colac Office

Phone 03 5231 3088

Email info@avisointegral.com.au

Geelong Office

Phone 03 5244 1129

Email info@avisointegral.com.au

Ballarat Office

Phone 03 5331 1266

Email info@avisointegral.com.au

avisointegral.com.au

O'Donohue Nominees Pty Ltd trading as Aviso Integral Insurance Services

AFS Licence Number: 239911 / ABN: 28 005 729 831



Damage to other parties' vehicle(s) or property

Please provide details about the other vehicle(s), even if they were not damaged.

Drivers Full Name

Contact Number

E-mail

Address

Suburb

Post Code

Insurance Company

Licence Number

Make/Model

Registration Number

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

No

Yes

Provide details

Witness Details

Were there any witnesses to the accident?

No

Yes

If yes, complete the details below

Full Name

Contact Number

E-mail

Address

Type of witness

Independent

Passenger in insureds car

Passenger in other car

Police & Fire Attendance

Did the police or fire brigade attend the accident?

No

Yes police

Yes Fire Brigade

Officers Name

Station

Report Number

Was the accident reported to a police station?

No

Yes

Officers Name

Station

Report Number

Date

Police Action taken?

No

Yes

Unknown

If yes, provide details

Colac Office

Phone 03 5231 3088

Email info@avisointegral.com.au

Geelong Office

Phone 03 5244 1129

Email info@avisointegral.com.au

Ballarat Office

Phone 03 5331 1266

Email info@avisointegral.com.au

avisointegral.com.au

O'Donohue Nominees Pty Ltd trading as Aviso Integral Insurance Services

AFS Licence Number: 239911 / ABN: 28 005 729 831



Aviso Integral

Insurance Services

An Aviso Group Partner

Motor Claim Form

Claims@avisointegral.com.au

History

Have you had any previous losses or made any claims for loss, theft or damage

on any insurer in the past 5 years?

Yes

No

If yes please provide details

Has any insurer refused or cancelled cover or required special terms to insure you?

Yes

No

If yes please provide details

Have you been charged with, or convicted of any criminal charges in the past 10 years?

Yes

No

Privacy

The Privacy Act 1988 sets out standards for the collection and management of personal information. We collect personal information in order to provide our services and products. Our Privacy Policy Statement is available on our website or click [here](#) to view

Declaration

By submitting this form, the signatory declares:

That the details in this form are correct and not misrepresented in any way.

The insurer may make their decision on indemnity based on these answers.

I understand the Privacy Act 1998 and consent to use and disclosure of personal information (tick to agree)

This electronic signature will be treated the same as if signed personally (tick to sign)

Completed by

Date