



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 Email

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 | Plant & Equipment | Goods Carrying Vehicle | Other |
|--|--|--|--|
| <input type="checkbox"/> Sedan or Station Wagon | <input type="checkbox"/> Earthmoving Plant | <input type="checkbox"/> < 2 Tonnes | <input type="checkbox"/> Caravan |
| <input type="checkbox"/> Four Wheel Drive | <input type="checkbox"/> Quarry/Mining Plant | <input type="checkbox"/> 2 - 5 Tonnes | <input type="checkbox"/> Others (specify) <input type="text"/> |
| <input type="checkbox"/> Van or Utility up to 2 tonnes | <input type="checkbox"/> Agricultural/Light Plant | <input type="checkbox"/> 5 - 10 Tonnes | |
| <input type="checkbox"/> Bus or Coach | <input type="checkbox"/> Bobcats/Skidsteer Loaders | <input type="checkbox"/> Over 10 Tonnes | |
| | <input type="checkbox"/> Concrete Pumping Trucks & Drilling Rigs | <input type="checkbox"/> Prime Mover & Trailer | |
| | | <input type="checkbox"/> 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 owner's name

Is the vehicle financed?
 No Yes

If yes, provide 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)

Motor Claim V2017/07.1



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

Class of Licence

C - Car

HR - Heavy Rigid

R - Rider

HC - Heavy Combo

LR - Light Rigid

MC - Multi Combo

MR - Medium Rigid

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

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

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



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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

Damage to the Insured Vehicle

Did this incident result in damage to the insured's vehicle or property?

- No
- Yes

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

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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

Email

Address

Suburb

Post Code

Insurance Company

Licence Number

Make/Model

Registration Number

Did this incident result in damage to another persons(s) vehicle(s)?

No

Yes

Provide details

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

Email

Address

Type of witness

Independent

Passenger in insured's car

Passenger in other car

Police & Fire Attendance

Did the police or fire brigade attend to 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

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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

If yes, please provide details

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