



MOTOR CLAIM FORM

CLIENT CODE:
OFFICE USE ONLY

The Insured:			
Date of lodgment:		Policy number:	
Name in which policy is held:			
Address:			
Best Contact Person (If not the insured, relationship to claim):			
Email:		Phone:	
Preferred contact method from Axiom Insurance and/or your Insurer:		Email	SMS Phone
Are you registered for GST? Y N		ABN Number:	
Do you intend to claim any Input tax Credit (ITC) on the GST applicable to this policy? Y N		Specify percentage claimed: %	
Incident Details:			
Date of incident:		Approximate time:	
Where did the incident happen? (As detailed as possible)			
Suburb:		Postcode:	
Incident description:			
Was the vehicle travelling at more than 40k/h? Y N		Were the airbags deployed in the vehicle? Y N	
Is the vehicle able to be driven? Y N		Was the vehicle towed? Y N	
Name of towing company (if applicable):		Towing company phone (if applicable):	
Where was the vehicle towed to (if applicable):			
Vehicle Details:			
Vehicle make & model:		Registration:	
Damage to your vehicle:			
		Is the vehicle under finance? Y N	
Preferred repairers name:		Phone:	
Driver Details: ALL FIELDS MUST BE COMPLETED PLEASE			
IMPORTANT NOTE: If your policy is a Commercial Motor Policy please provide a clear copy of your driver's licence			
Name:		Date of birth:	
Address:			
Contact number:			
Licence number:	Years held:	Expiry date:	Licence class:

Duty of Disclosure Questions (Compulsory):

In the last 5 years has the Policy Holder or driver in this Incident:

Had a licence cancelled or suspended? Y N

Been convicted of a criminal offence? Y N

Had an insurance policy declined, cancelled or conditions imposed on an insurance policy? Y N

In the 12 hours prior to driving were any drugs or alcohol consumed? Y N

If you have answered yes to any of the above please provide details:**Police Details:**

Did Police attend? Y N

Name of Officer:

Police station:

Phone:

Report number:

Third Party Details:

If you believe you are not at fault in this incident all third party details are required .Please note – completing these details does not automatically result in your excess being waived, this is at the discretion of your Insurer.

Name:

Date of birth:

Phone:

Licence number:

Name of Owner if different to Driver:

Address:

Suburb:

Postcode:

Vehicle make & model:

Registration:

Damage to Third Party Vehicle:

Insurer:

Policy number:

Additional Claim Notes:**Settlement Details ***Subject to Insurer Acceptance of Claim:***

In the event a cash settlement is offered by the insurer, please advise your preferred disbursement method:

 Bank Transfer (Please complete Details Below – Account must be in same name as policy is held) Cheque

Account Name:

BSB:

Account Number:

Declaration (Compulsory):

I/We declare that to the best of my/our knowledge and belief the information in this form is true and correct and I/we have not withheld any relevant information. I/We understand providing false information could result in this claim and potentially this insurance policy being declined/cancelled.

I/We consent to the insurance company using my personal information I/we have provided on this form for the purpose of processing my claim. I/We understand that if I/we choose not to provide required details, this is my/our choice, however, the insurance company may not be able to process my claim.

I/We consent to the insurance company disclosing my personal information to other insurers, an insurance reference service or as required by law. I/We consent to the insurance company also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Name: _____

Signature: _____

Date: _____

Emailed to: OFFICE USE ONLY

Date:

Time:

By:

****Please email completed claim forms to admin@axiomininsurance.com.au****