

MOTOR VEHICLE CLAIM FORM

To ensure prompt attention to your claim, please complete this form in full and leave it with your vehicle for assessment.

- NOTE:**
- Ensure the accident description is accurate and all questions on the claim form have been answered in full.
 - Obtain one quotation from a repairer of your choice.
 - Repairs may not be commenced without written authority from Famous Car Insurance.

INSURED'S DETAILS

Name _____

Residential address _____

Postcode _____

Email address _____

Phone number (H) _____ (M) _____

Policy number _____ Policy expiry date _____

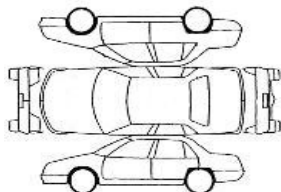
INSURED VEHICLE DETAILS

Make	Sum insured	Chassis number
Model	Registration	Engine number
Year	Registration expiry	Speedometer reading
Type of use	<input type="checkbox"/> Private	<input type="checkbox"/> Business

DAMAGE SUSTAINED

Area damaged _____

Indicate on diagram the body panels damaged in this accident



Repairer's name _____

Repairer's address _____

Repairer's phone number _____

Is vehicle drivable? Yes No Is vehicle at repairer's? Yes No

Address vehicle towed to _____

Date of accident _____ Time of accident _____ am/pm _____

Place of accident _____

Road conditions Wet Dry Daylight Dark

Your vehicle

Estimated speed 100m prior to impact _____ kph

Estimated speed on impact _____ kph

Was your vehicle on the correct side of the road before the collision? Yes No

Was your vehicle on the correct side of the road after the collision? Yes No

Other vehicle

Estimated speed 100m prior to impact _____ kph

Estimated speed on impact _____ kph

Was their vehicle on the correct side of the road before the collision? Yes No

Was their vehicle on the correct side of the road after the collision? Yes No

PASSENGER DETAILS

Name/s	_____	Name/s	_____
Address/es	_____	Address/es	_____
_____	_____	_____	_____
_____	_____	_____	_____

WITNESS DETAILS

Name/s	_____	Name/s	_____
Address/es	_____	Address/es	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER VEHICLE DETAILS

Owners name	_____	_____	_____
Owners address	_____	Mobile phone	_____
_____	_____	Insurer	_____
Drivers name	_____	Vehicle make	_____
Drivers address	_____	Registration	_____
_____	_____	Drivers licence	_____
_____	_____	_____	_____
Owners name	_____	_____	_____
Owners address	_____	Mobile phone	_____
_____	_____	Insurer	_____
Drivers name	_____	Vehicle make	_____
Drivers address	_____	Registration	_____
_____	_____	_____	_____

PROPERTY DAMAGE

Damage to property (fences, buildings, etc) _____

Persons injured _____

PRIVACY

We are committed to protecting your privacy. We will only use the personal information you have provided to us in settling this claim and any claim made against you in respect of the claim. You can check the personal information we hold by contacting our Privacy Officer on 1300 886 029.

SIGNATURES

I/we acknowledge Famous Car Insurance may give to, or obtain from, other Insurers and/or Insurance/Financial Reference Bureau, State Licensing Authority, Parts or Service Providers, personal information in relation to this claim or my insurance in general.

I/we hereby declare the foregoing particulars to be true and correct, and I/we undertake to render every assistance in my/our power in dealing with this matter.

Signature of owner	_____	Date	_____
Signature of owner	_____	Date	_____