

Motor Vehicle Claim Notification Form

Important Information

- Do not admit liability for the incident
- Forward all claim documents to BCS including photos, quotes and identification documents.
- You have an obligation to provide correct and accurate information to the insurer. Accurate information will allow the claim to run smoothly.

Policy Details

Insured Name: _____

ABN _____ Policy No.: _____

Address: _____

Insured Vehicle Details

Registration No. _____ Year: _____ Make: _____

Model: _____ VIN: _____

Insured Driver Details (If theft, provide last driver)

Surname: _____ Given Name(s): _____ D.O.B: _____

Address: _____ State: _____ Post Code: _____

License No.: _____ State of License: _____ Class of License: _____

License Expiry: _____ Years License Held: _____

Did you consume any drugs or alcohol in the 12 hours prior to the subject accident? Yes No
If Yes, please state what was consumed, when and how much: _____

Did you undergo any tests such as breath or blood tests for alcohol or drugs? Yes No
If Yes, please state the result: _____

Police Details

Was the matter reported to police? Yes No If yes, on what date: _____

Police Report No.: _____ Station report was made to: _____

Are you aware of any action taken by Police? Yes No
If yes, provide details of the action: _____

Loss Details

Type of Incident: Insured Only Damage Multiple Vehicle Damage Theft

Date: _____ Time: _____ am/pm

Location: _____ State: _____ Post Code: _____

Nearest Intersecting Road: _____

Full Description: _____

Please Provide a sketch of the accident in the space below or enclose a sketch separately.

Note: Mark the Insured Vehicle with 'A' and subsequent vehicles as 'B', 'C', etc.

If there was a collision, please answer the following:

At the time of impact:

Estimate your speed: _____ km/h Estimate third parties speed: _____ km/h

Did you use any lights or signals prior to the impact? Yes No

If yes, please detail when lights or signals were used: _____

Were there any witnesses to the incident? Yes No

If yes, please provide name and contact details: _____

Who do you consider was at fault? Insured Other Driver Other

Why? _____

If the vehicle was stolen, please answer the following:

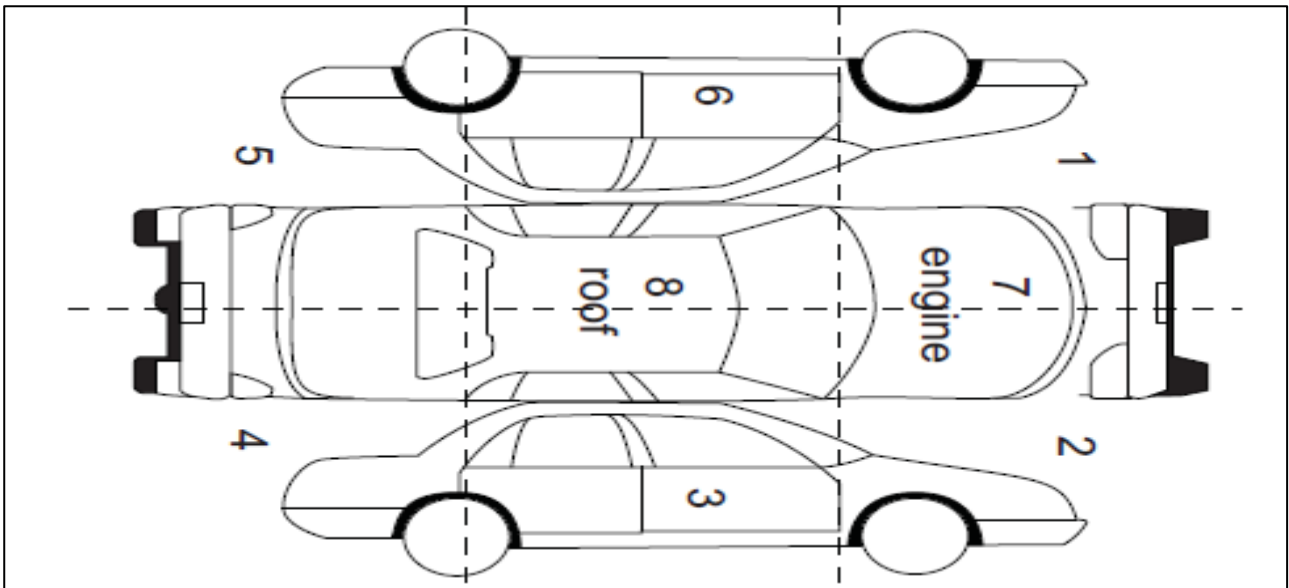
Was the vehicle locked? Yes No Where were the keys located? _____

Has the vehicle and/or any items been recovered? Yes No

What was recovered: _____

Vehicle Damage

Please mark the areas damaged on the Insured vehicle:

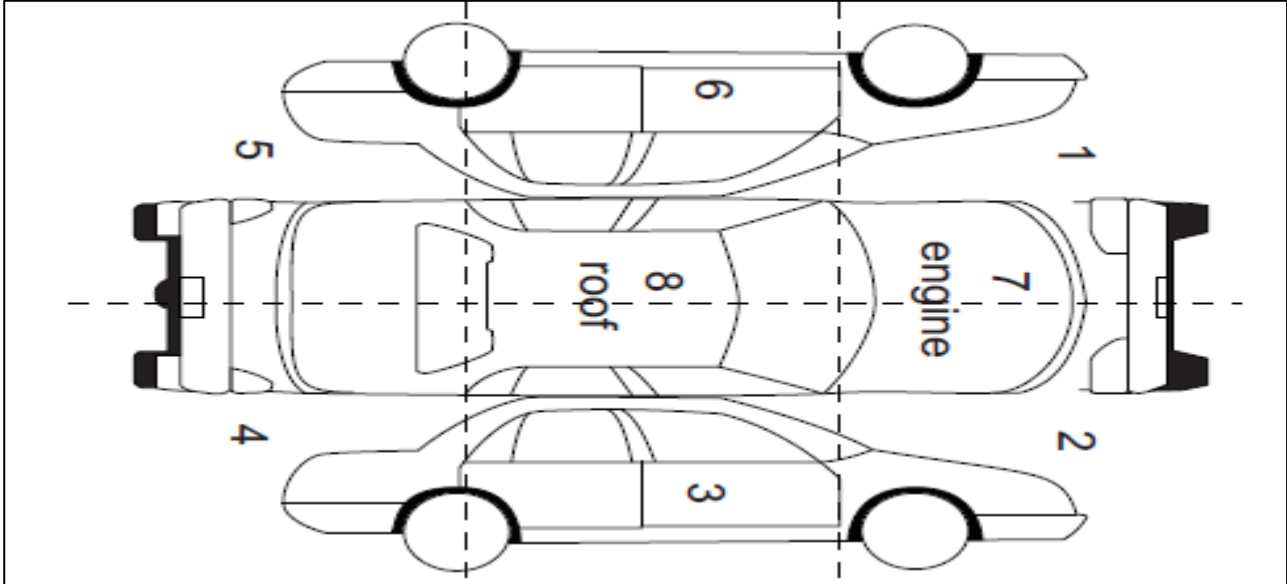


Is the vehicle driveable? Yes No

Where is the vehicle now? _____

Was there any damage to another vehicle? Yes No

If yes, please mark the damaged areas on the diagram below:



Third party details (i.e. name, address, phone, license no.)

Repair Details

Have you received a quote for repairs? Yes No

If yes, please enclose the quote with this claim form.

Do you have a preferred repairer? Yes No

If yes, please provide details: _____

If no, please advise best suburb to find closest accredited repairer: _____

Third Party Claims

Have you received any demands? Yes No

If yes, please enclose the demand letter with this claim form.

If demands are received in the future, please ensure they are forwarded to BCS as soon as possible to avoid unnecessary legal proceedings.

Attachments

Please provide the following if held:

- Damage and/or Scene Photos;
- Repair quotes;
- Third party demands;
- Police report (if held);
- Any emails/texts between third parties and insured driver.

Declaration

I confirm the information provided is true and accurate to the best of my knowledge.

Name: _____ Position: _____

Phone: _____ Email: _____

Signature:

Date : _____

Contact Us

Please return the completed form to:

Richard Elson
Claims Manager BBus LLB
Email: richard.elson@bcsbroking.com.au
Mobile: +61 476 721 833
Direct: +61 7 3905 6553

If you have any queries, please also feel free to contact:

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