

# MOTOR VEHICLE CLAIM FORM

When completing this form you need to be honest, accurate and truthful in your answers. We may reduce or refuse to pay a claim if you have not answered our questions in this way. By completing this form you are confirming that you have read Hollard's Privacy Policy available online at [hollard.com.au](http://hollard.com.au). If any of the following questions are not relevant, please mark the box with N/A. If the space provided is insufficient to capture any of your responses, please attach additional pages as required.

## YOUR DETAILS

|   |                          |                          |
|---|--------------------------|--------------------------|
| Name of insured   | Policy number            |                          |
| <input type="text"/>  | <input type="text"/>     |                          |
| Name of broker  |                          |                          |
| <input type="text"/>  |                          |                          |
| Address of insured  |                          |                          |
| <input type="text"/>  |                          |                          |
|   |                          | State                    |
|   |                          | Postcode                 |
| Phone: Mobile   | Home                     | Work                     |
| <input type="text"/>  | ( <input type="text"/> ) | ( <input type="text"/> ) |
| Email details   |                          |                          |
| <input type="text"/>  |                          |                          |
| Nominate the main contact for the claim   |                          |                          |
| <input type="text"/>  |                          |                          |
| Is the vehicle used for business purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', provide the ITC percentage <input type="text"/> % |                          |                          |

## DRIVER'S DETAILS

|  |   |
|--|---|
| Name of person driving your car                  | Driver date of birth                        |
| <input type="text"/>                             | <input type="text" value="DD / MM / YYYY"/> |
| Driver's Licence number                          | Driver's Licence expiry date                |
| <input type="text"/>                             | <input type="text" value="DD / MM / YYYY"/> |
| How many years has the driver had their licence? |   |
| <input type="text"/>                             |   |

## DRIVER'S HISTORY

- In the last 3 years has your licence had any cancellations or suspensions?  Yes  No  
If 'Yes', provide details:
- In the past 4 years have you had any drink driving or drug convictions?  Yes  No  
If 'Yes', provide details:
- Do you have any restrictions or limitations on your licence?  Yes  No  
If 'Yes', provide details:

# MOTOR VEHICLE CLAIM FORM

## DRIVER'S HISTORY – continued

4. 12 hours prior to the incident had you consumed any alcohol, drugs or prescription medications?

Yes  No

If 'Yes', provide details:

  

## YOUR CAR

Car registration number

Car year

Car make

Car model

Was your car towed?

Yes  No

Where is your car now?

## INCIDENT DETAILS

Date the incident occurred

Time the incident occurred

Please tell us in detail what happened

  
  
  
  

Where did the incident occur?

Did the incident involve another car?  Yes  No

Within the 12 hours prior to the incident, is it alleged that anyone involved had consumed any alcohol, drugs or prescription medications?

Yes  No

Was the incident reported to the police?

Yes  No

## THIRD PARTY 1

Name of driver/owner of other vehicle

Address

  

Phone

Licence number

Car registration number

Other driver's insurance company

Other driver's policy or claim number

# MOTOR VEHICLE CLAIM FORM

## THIRD PARTY 2

Name of driver/owner of other vehicle

Address

State Postcode

Phone

Licence number

Car registration number

Other driver's insurance company

Other driver's policy or claim number

**Please email your completed claim form to [claims@hollardinsurance.com.au](mailto:claims@hollardinsurance.com.au) or fax to 02 9253 6697**

Once your claim form has been received, a member of our claims team will contact you for further information to discuss your claim.