



CLAIMS CONTACT DETAILS:



Registered Office
Allied World Assurance Company, Ltd
(Australia Branch)
Level 21, Australia Square
264 George Street
Sydney, NSW 2000



Customer Service Hotline
1300 831 033



Email
au.awclaims@innovation.group

MOTOR VEHICLE CLAIM FORM

Allied World Assurance Company, Ltd (Australia Branch) ("Allied World") has appointed Innovation Group (Claims Services) Pty Ltd ("Innovation Group") to provide tailored claims handling and management services for claims under Steadfast Client Trading Platform Commercial Motor Vehicle Insurance Policies underwritten by Allied World.

IMPORTANT INFORMATION

1. The issuance, provision, receipt or acceptance of this form and the investigation of any claim by or on behalf of Allied World does not constitute admission of policy liability by Allied World or waiver of any of Allied World's rights under the relevant policy.
2. Failure to immediately notify Allied World of an accident may enable Allied World to reduce or avoid any liability under the policy. Unless specifically arranged beforehand, no repairs or alternations to the damaged vehicle should be made without the prior approval of Allied World.
3. Please complete in FULL and accurately all sections of this form and return it to Innovation Group as soon as possible after the accident. If you do not believe a question is applicable, please write 'n/a'. This form must be signed and dated.
4. The information and documents requested in this form are not exhaustive. Further information or documents may be required depending on the circumstances of your claim. Please note that failure to provide supporting documentation may result in delays in the processing of and/or prejudice your claim.
5. Original hard copy of supporting documentation are required by Innovation Group. Should you require them to be returned, please advise Innovation Group in writing. Photocopies are not acceptable for audit reasons.
6. Do not admit liability to any claimant. Do not respond to any correspondence. Refer all correspondence to Innovation Group.
7. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.

INSURED'S DETAILS

Name of Insured:	
Address:	
Post Code:	
Email Address:	
Phone Number (H):	Phone Number (M):
Motor Insurance Policy Number:	
Policy Start Date:	Policy Expiry Date:

DRIVER'S DETAILS

Name:	
Address:	
Post Code:	
Email Address:	
Phone Number (H):	Phone Number (M):
Date of Birth:	Driving Licence No.:
Expiry Date:	Years Held:
Driving Licence Status: <input type="checkbox"/> Learner <input type="checkbox"/> Restricted <input type="checkbox"/> Full <input type="checkbox"/> Overseas <input type="checkbox"/> Never Licenced <input type="checkbox"/> Disqualified	
Was the vehicle being used with the Insured's consent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, reason for use? (Business, private, etc)	
Driver's relationship to Insured?	
How often does the driver use this vehicle in a year?	
Has the driver committed any prior traffic infringements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide details.	
In the last 5 years have you:	
Had a motor vehicle stolen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Had your licence suspended, cancelled or been disqualified from riding/driving or had a good behavior period imposed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide details.	
Had any prior accidents and/or claims? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide details.	
Does the driver hold motor insurance on any other vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide details of policy.	
Did the driver consume any alcohol or drugs during the 12 hours before the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please state quantity consumed.	

POLICE OR TRAFFIC OFFICER DETAILS

Did the police attend the scene of the accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, was the accident/theft reported to the police?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please give details of the following:	
Police Station attached to:	Police Report No.:
Name of Police Officer:	
Did the police order any breathalyzer or blood alcohol test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the breathalyzer or blood alcohol test taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What was the test reading?	
Has any fine been imposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

INSURED MOTOR VEHICLE DETAILS

Name of registered owner of the vehicle:			
Registration Number:		Colour:	
Make:	Model:	Year of Manufacture:	
Speedometer Reading:		Registration Expiry:	
Chassis Number:		Engine Number:	
Type of Use:		<input type="checkbox"/> Private	<input type="checkbox"/> Business
Has the vehicle been modified in any way?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please give details below:			
Modification details:		Value: \$	
Additional accessories details:		Value: \$	
Are you entitled to claim an input tax credit on the GST portion of the premium applicable to the policy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please furnish:	ABN No.:	ITC:	%
Is the property being claimed for under a financial agreement?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please give details below:			
Name of Financier:			
Phone Number: (O)		Contract No.:	
Email Address:			
Address:			

ACCIDENT OR THEFT DETAILS

Date of accident/theft:		Time:		<input type="checkbox"/> am	<input type="checkbox"/> pm	
Number of vehicles involved:						
Where did the incident happen including the street, suburb and nearest cross street?						
Post Code:						
Road Conditions: <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Sealed <input type="checkbox"/> Unsealed <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dawn						
At the time of the accident were any goods or merchandise being carried?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, state what and the approximate weight.						
At the time of the accident the insured vehicle was:				<input type="checkbox"/> Parked	<input type="checkbox"/> Stationary	
If neither of these, please state what the speed of the moving vehicle was:						
Estimated speed 100m prior to impact:			kph	Estimated speed on impact:		kph
Was your insured vehicle on the correct side of the road before the collision?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the third party vehicle on the correct side of the road before the collision?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Describe what the insured vehicle was being used for at the time of the collision.						
Who do you believe was at fault and why?						
Was there any admission of responsibility for the accident?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, please give details.						

THEFT

Where was vehicle stolen from?

Was the vehicle locked?

Yes No

Are there duplicate keys?

Yes No

Where were the keys at the time?

Who has each set of keys?

Was the vehicle fitted with an alarm?

Yes No

If yes, was the alarm turned on?

Yes No

If not turned on, why not?

Was the vehicle fitted with an immobilizer?

Yes No

If Yes, was the immobilizer turned on?

Yes No

If not turned on, why not?

Has the vehicle been recovered?

Yes No

If Yes, by whom?

Where recovered? *(If recovered, please complete Damage To The Insured Vehicle section of this form.)*

DAMAGE TO THE INSURED VEHICLE

Are you claiming for the damage to your vehicle?

Yes No

Was the vehicle towed?

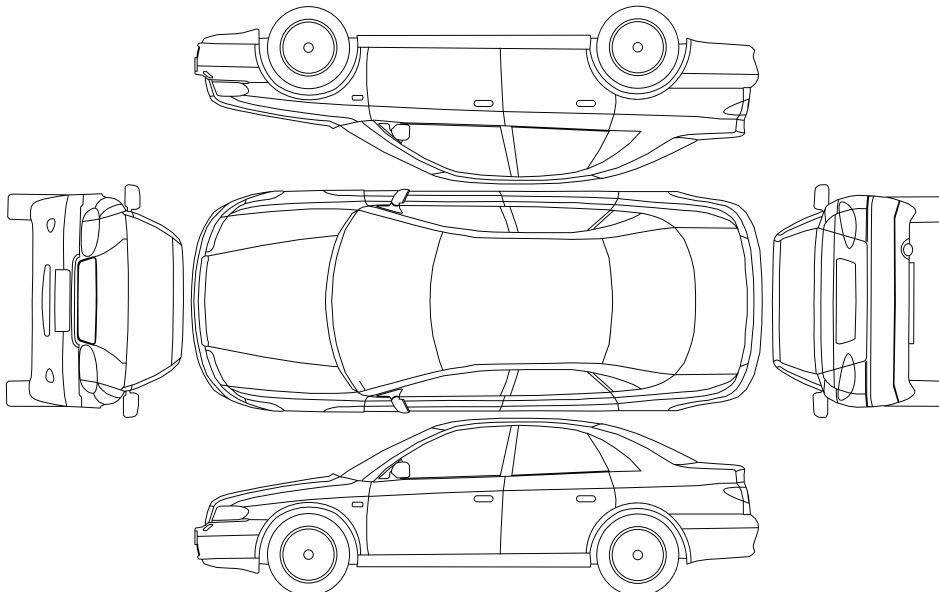
Yes No

If Yes, please state the name of the towing company.

Where was the vehicle towed to and what distance was it towed?

Where is the vehicle now?

On this diagram, please shade the areas of damage to your vehicle and indicate the point of impact with 'X'

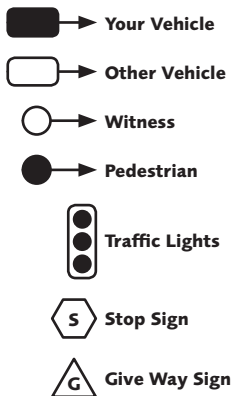


ACCIDENT DESCRIPTION

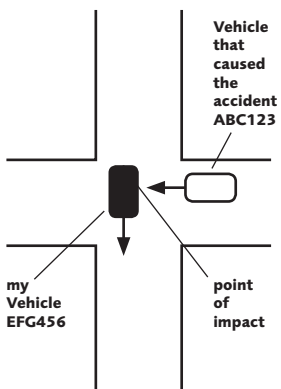
Describe in detail the circumstances leading up to the accident and how the accident happened. It is important to be as accurate as you can. Please tell us all the facts, even if they are not in your favour.

Sketch diagram of accident

Name the streets, indicate the direction of travel, note your vehicle with an 'X' and other vehicle with 'Y'



Example diagram for Vehicle



WITNESS(ES) DETAILS

Give the names and addresses of all independent witnesses, not passengers in the insured vehicle.

If there is insufficient space, please use additional pages

	Witness No. 1	Witness No. 2
Name		
Address		
Age		
Phone Number		
If witnesses were present and you do not have their details do you think the police would have that information? <input type="checkbox"/> Yes <input type="checkbox"/> No		

DAMAGE TO OTHER VEHICLES OR PROPERTY

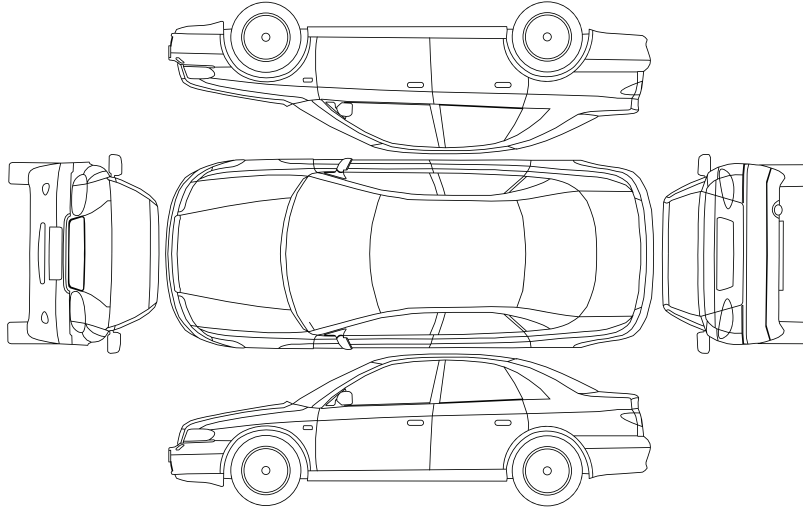
Give the names and addresses of all other party(ies).

If there is insufficient space, please use additional pages

	Vehicle / Property No. 1	Vehicle / Property No. 2
Name of other driver		
Address		
Age		
Phone Number		
Licence Number		
Vehicle Make/Model		
Registration Number		
Name of Registered Owner		
Address		
Phone Number		
Insurer		
Policy Number		
Description of damage		

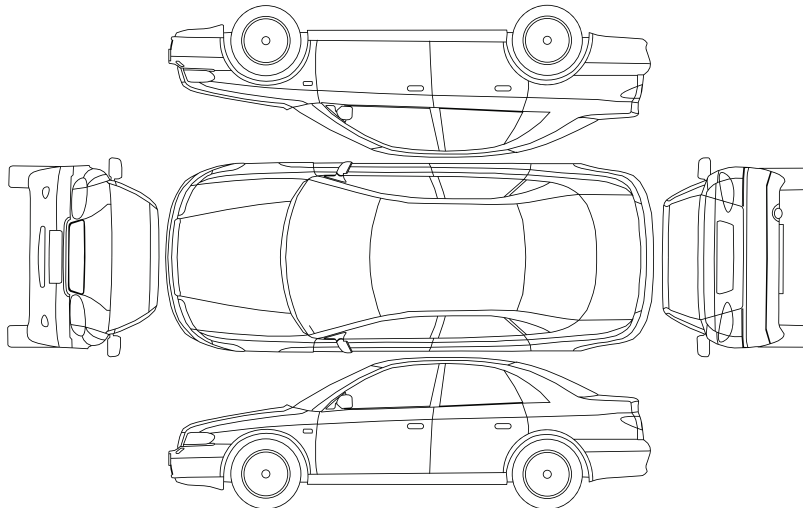
DAMAGE TO OTHER VEHICLE NO. 1

On this diagram, please shade the areas of damage to the other vehicle and indicate the point of impact with 'X'



DAMAGE TO OTHER VEHICLE NO. 2

On this diagram, please shade the areas of damage to the other vehicle and indicate the point of impact with 'X'



DECLARATION & PERSONAL DATA CONSENT

I/We declare that to the best of my/our knowledge, information and belief: (i) the information given in this form is true and correct in every respect; and (ii) I/We have not withheld, concealed or suppressed any material information or made a false statement in relation to the claim.

I/We acknowledge and consent to Allied World collecting, using, disclosing and processing my/our personal data for the purposes set out in and in accordance with the Allied World Australian Privacy Policy available at www.alliedworldinsurance.com/australia, including but not limited to managing and administering my/our claim, conducting necessary investigations, completing due diligence and background checks that are either required by law or regulation or that have been put in place by Allied World, investigating fraud, misconduct or any unlawful act or omission in relation to my/our policy, including disclosing my/our personal data to third party service providers within or outside Australia. If I/we have provided or will provide information to Allied World about any other individuals, I/we confirm that I/we are authorised to disclose his or her personal data and also give this consent on both my/our and their behalf.

Signature of Insured
Date:

Signature of Driver
Date:

Broker: