



1. Details of Policyholder

Full Name	Occupation or Trade	
Address	Telephone (A/H)	Telephone (B/H)
	Email Address	

Insurer	Policy Number	Expiry Date
Account Manager	Client Code	

For what purpose was the vehicle being used? Business Private

2. Insured Vehicle

Make & Model	
Body Type	Year of manufacture
Registration No.	Engine No.
V.I.N No.	Expiry Date of Registration
Name of Finance Co. (if applicable)	
Address of Finance Co. (if applicable)	
Have there been any engine, body or transmission modifications from the manufacturer's original specifications or any accessories added?	If yes, please give details:
<input type="radio"/> Yes <input type="radio"/> No	

3. Driver (Please complete these details in respect of the person in charge of the vehicle at the time of the accident)

Full Name	Occupation
Address	Sex <input type="radio"/> Male <input type="radio"/> Female
	Date of Birth

Drivers License No.	Class of license	State of issue
How long has the driver held a motor vehicle drivers license?	Expiry Date of License	
years	months	

Was the vehicle being used with the full knowledge and consent of the policyholder?

Yes

No

What is the relationship of the Driver to the Policyholder?

Self

Relative

Employee

Friend

Other

If Other, please describe:

Have you (the Policyholder) or the driver of the vehicle at the time of the accident:

- | | | | |
|------|---|-----|----|
| i. | been involved in any previous motor vehicle accident in the last 5 years? | Yes | No |
| ii. | been charged with any offence in relation to the use of a motor vehicle in the last 5 years? | Yes | No |
| iii. | had any insurance declined or cancelled, been refused renewal of an insurance or had special terms imposed in the last 5 years? | Yes | No |
| iv. | had a drivers license cancelled, suspended, disqualified or committed any driving related alcohol or drug offenses in the past 5 years? | Yes | No |
| v. | committed any criminal offenses? | Yes | No |

If "Yes" to any of the above, please give details below:

Name	Date	Particulars (eg. name of insurance company, details of charges etc)
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Was the driver under the influence of any drug or alcohol at the time of the accident?

Yes

No

Please state what drugs or how much alcohol was consumed by the driver in the 12 hours prior to the accident

Did the driver undergo a breath test?

Yes

No

If Yes, what was the reading?

4. Accident Date

Date of accident

Time of accident

5. Description of Accident

Name of street where accident occurred

Suburb, Town, City

If at an intersection, names of intersecting streets

State clearly and fully how the accident occurred (if insufficient space, attach a separate statement)

Was the street wet?

Yes No









Did the other party admit liability?

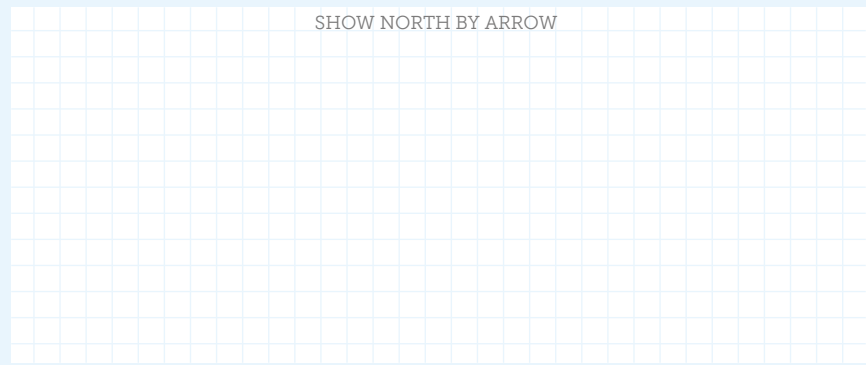
Yes No

If Yes, please give details:

Please draw sketch showing position of all vehicles and pedestrians at the time of the accident. Show also position of all traffic lights, signs and pedestrian crossings.

SYMBOLS

-  Street Intersection
-  Curved Street
-  Your Vehicle
-  Other Vehicle
-  Pedestrians
-  Stop Sign
-  Give Way Sign
-  Traffic Lights



Did the driver suffer any injury?

Yes No

If Yes, was medical attention re-quired?

Yes No

If Yes, state name and address of doctor or hospital:

Please indicate Insured Vehicle's speed immediately prior to accident

Stationery Under 30 km/h 30-60 km/h 60-80 km/h 80-100 km/h Over 100 km/h

Please indicate Other Vehicle's speed immediately prior to accident

Stationery Under 30 km/h 30-60 km/h 60-80 km/h 80-100 km/h Over 100 km/h

Was the vehicle towed from scene of accident?

Yes No

If Yes, please give the name of towing contractor:

Did you authorise this towing? Yes No

Where can the vehicle be inspected? (If at a repairer's premises - name & address of repairer)

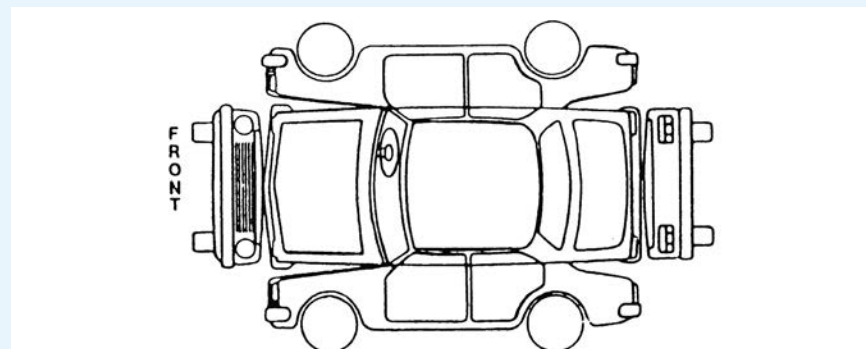
Phone

Estimated Cost of Repairs (including parts)

\$

Please indicate areas of damage to insured vehicle

Repair Quotation No



6. Police

Date reported to Police

Time reported to Police

Did the Police attend the accident?

Yes

No

If Yes, please state:

From which Police Station?

Name of Officer

Report Number

Did the Police indicate which driver was at fault?

Yes

No

If Yes, please state:

Name of driver charged or cautioned

Nature of charge or caution

7. Other Parties (Please complete this section if any other vehicles or property involved)

Number of vehicles involved

Owners Name

Drivers Name

Address

Drivers Address

Suburb

Postcode

Suburb

Postcode

Licence Number

Age

yrs

Drivers Phone & Email Address

Make and Model of Vehicle

Please give particulars of damage to other party's vehicles and/or property

Registration Number

NB: (If more than one third party involved, please provide similar particulars on a separate sheet)

8. Witnesses

Passengers in Insured Vehicle

Name 1

Name 2

Address

Address

Phone

Phone

Independent Witnesses

9. ABN Details

Are you a registered business? Yes No

What is your ABN number?

What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred?

10. Declaration

The information and answers given above are a true and complete statement of the facts and matters relating to the happening for which this claim is made, and no information likely to affect this claim has been withheld. I authorise my "Insurer to undertake on my behalf whatever actions are necessary to indemnify me within the terms of my policy including if necessary, removal of my vehicle to alternative premises to enable repairs to be carried out by a qualified Motor Body Repairer. I understand that this claim may be refused if information is untrue, inaccurate or concealed.

I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify BFrank Insurance in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth).

I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Driver's Signature

Policyholder's Signature

This electronic signature will be treated the same as if signed personally (tick to sign)

11. Bank Details