

# MOTOR VEHICLE CLAIM FORM

Please return the completed claim form to:

Matrix Insurance Group 4 / 231 Balcatta Rd, Balcatta WA 6021  
[contact@matrixinsurance.com.au](mailto:contact@matrixinsurance.com.au)  
 (08) 6555 7742

## Policy Details

Policy Number(s):

Expiry Date :

## Client Details

Insured's Name:

Address:

Suburb:

State:

Post Code:

Mobile:

Work:

Home:

Email:

## Particulars of the Motor Vehicle(s)

Year:

Make:

Model:

Body Type:

Colour:

Registration No.:

Registration Expiry:

Vehicle ID (VIN/Chassis):

Engine No.:

Date Purchased:

Price Paid:

CTP Insurer:

Name of Owner:

Name of Finance Co/Bank if Vehicle encumbered:

Type and Weight of Load Being Carried (if applicable):

## Driver or Person in Charge of Vehicle

Surname:

Given Names:

Address:

State:

Post Code:

Phone:

Mobile:

Date of Birth:

Age:

Drivers Licence No.:

Class:

State of Issue:

Expiry Date:

How long has this driver been licenced to operate THIS CLASS of vehicle?

Relationship of Driver to Insured (e.g. Employee, sub contractor etc.)

Was vehicle driven with Insured's consent? YES  NO

If NO, please supply details

Was any intoxicating liquor or drugs (including prescription drugs) consumed in the 12 hours preceding the accident? YES  NO

If YES, please supply details

Did the driver undergo a breathalyser or blood test?

Breathalyser YES  NO

Blood Test YES  NO

If YES, what were the test results?

\*Photocopies of both sides of licence and log books (where applicable) must be attached

## History

Details of Owner(s) history - past 5 years:

Traffic and/or criminal offences:

Licence suspensions/ cancellations?

Refusal and/or cancellation of any motor vehicle policy by an insurer?

Prior accidents or losses relative to any motor vehicle?

## Details of Accident (to be completed by Driver)

Date (DD/MM/YYYY):	Time:	am / pm
Exact Location:		
Approx Speed of your vehicle, Km/Hour:	Approx Speed of other vehicle, Km/Hour:	
Journey Commenced: Time:	Place:	
Vehicle Destination:	Inbound or Outbound to Home Base?	
Weather and Road Conditions:		
Describe in Detail how the accident occurred:		
In the Driver's opinion, who was responsible for the accident?		
Name:	Why?	
Has any claim been made against you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, please provide details		
Reported to Police?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, Date (DD/MM/YYYY):	Time:	am / pm reported to police
Did Police attend the Scene?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name and Station of Police Officer who took accident Particulars:		
Is Police action pending?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

## Independent Witnesses

Name:		
Phone:		
Address:	State:	Post Code:

## Damage to Insured Vehicle

Give brief details of loss or damage to your vehicle:		
Has a Repair Quotation been obtained?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, please attach Quote.		
Where can vehicle be inspected?		
Was your vehicle damaged?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If tyres are damaged, approximate mileage?		
Was your vehicle towed away?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, name of Company:		
Have you obtained 2 Repair Quotes?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Lowest Quote:		
Who is your preferred repairer?	Phone:	
Is the vehicle there?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If NO, where is the vehicle located?		

\*Please attach copies of ALL quotes if obtained.

## Other Persons Involved in this Accident (or the owner of the other vehicle)

Driver's Name:	Licence Number:	
Phone:		
Address:	State:	Post Code:
Vehicle Make:	Model:	
Registration No.:		
Owner of Vehicle (if different to driver):		
Loss/Damage to Vehicle:		

## Diagram of Accident

*\*To be completed providing street named traffic lights, give way signs etc.*

Indicate your own Vehicle as **A**

Indicate any other Vehicles as **B**

## Declaration

I / We solemnly and sincerely declare:

1. That the information supplied on this Claim Form and Statement of Claim is true in every respect
2. I / We understand that the claim may be refused if information is withheld, false, misleading or concealed.
3. That there was no other insurance covering this loss current at the date of this incident
4. I / We acknowledge that this Claim Form is a Legal Document and as such may be used in any legal proceedings resulting from this claim.

Signature Of Driver: \_\_\_\_\_

Date (DD/MM/YYYY): \_\_\_\_\_

Signature Of Insured(s): \_\_\_\_\_

Date (DD/MM/YYYY): \_\_\_\_\_

EFT Details for Settlement

Bank:
Account Name:
BSB:
Account Number: