

Click on the fields to complete online, then print and complete diagram in Section 8 in black or blue pen and sign.
OR Print and complete all sections in black or blue pen.

1. Client Details

Insured/Company

The University of Western Australia

Division

Cost centre

Address

35 Stirling Highway, Crawley

Postcode

6 0 0 9

Policy number

PELP-0203-3615

Phone number

64,887,487

Email

Goods and Services Tax:

(a) ABN, if applicable

(b) entitlement to an Input Tax Credit in respect of:

(i) Insurance premium % and (ii) vehicle which is the subject of this claim %

2. Client Vehicle Details

Year Make Model Colour Registration number

Finance company (if applicable)

Use of the vehicle at the time of the loss/damage (✓) Private Executive Sales Service Deliveries

Vehicle Use Descriptions

Private: not used for business

Executive: vehicle provided as part of a salary package

Sales: sales representatives

Service: product maintenance, after sales service etc.

Deliveries: delivery of products, food, parts, etc.

3. Claim Details

Claim Type (✓) Collision (go to Section 4) Theft (go to Section 6) Hail / Flood / Fire / Windscreen (go to Section 8)

4. Driver Details

Driver (✓) Principal/Business Proprietor/Insured Employee Family member Insured Other

Name

Address

Postcode

Phone number

Mobile number

Date of birth (dd/mm/yyyy)

Driver's licence number

Class

Expiry date (dd/mm/yyyy)

Driving experience (years)

Has the driver attended a company-sponsored driver-training course within the last two years?

Yes No

Did the driver consume any alcohol or take any drugs within the 12 hours prior to the collision?

Yes No

If Yes, please state how much and when

Was the driver sober at the time of the collision?

Yes No

Did the driver undergo a breath or blood test?

Yes No

If Yes, please state the result

5. Third Party Details

Driver's name

Driver's address

Postcode

Driver's phone number

Date of birth (dd/mm/yyyy)

Driver's licence number

Registered owner

Owner's address

Postcode

Owner's phone number

Year

Make

Model

Colour

Registration number

Insurance company

Estimated cost of damage

Area of damage to the other vehicle

6. Witness Details

Name

Address

Postcode

Phone number

Age

7. Police Involvement

Did the police attend the collision / theft scene?

If **No**, was the incident reported to police?

If **Yes**, which police station?

Who do the police consider was at fault?

8. Details of the Loss/Damage

Date (dd/mm/yyyy)

Time

am

pm

Where did the loss / damage occur?

Who do you consider responsible for the loss / damage, and why?

Describe the weather at the time of the loss / damage.

What speed were the vehicles travelling at the time of the loss / damage occurring?

Your vehicle

Other vehicle

Section 8 cont...

Describe how the loss / damage occurred.

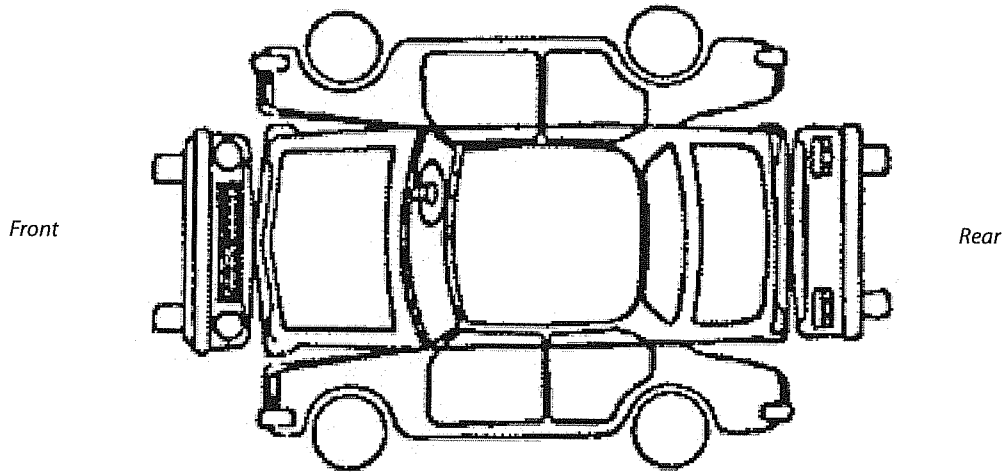
[Empty text box for describing loss/damage]

Was there any damage to your vehicle prior to this loss/damage occurring? Yes No

If Yes, please provide details.

[Empty text box for providing details if damaged]

Please indicate on the diagram below, the area of damage to your vehicle.



If your vehicle was damaged in a collision, please draw a diagram of the incident.

Legend

- O Stop Sign
X Traffic Lights
Delta Give Way

Was your vehicle towed from the accident scene? Yes No

If Yes, by whom and to where was it towed?

[Empty text box for tow details]

Is your vehicle currently at a repair shop? Yes No

If Yes, at which repair shop?

[Empty text box for repair shop name]

If No, please provide contact details so we may arrange to assess damage to your vehicle

[Empty text box for contact details]

8. Declaration

This information is, to the very best of my knowledge, true in every respect.

Signature of driver

[Signature line for driver]

Signature of authorised manager or Insured

[Signature line for manager/insured]

Date (dd/mm/yyyy)

[Date line for driver]

Date (dd/mm/yyyy)

[Date line for manager/insured]