

THIS FORM IS TO BE COMPLETED IF YOUR MOTOR VEHICLE HAS BEEN INVOLVED IN AN INCIDENT.

OFFICER USE ONLY

THE COMPLETION AND LODGEMENT OF THIS FORM IS NOT AUTOMATIC ACCEPTANCE OF YOUR CLAIM. ONCE THIS FORM HAS BEEN RECEIVED BY US, WE WILL CONTACT YOU.

Claim Number

PLEASE PRINT IN BLOCK LETTERS and answer all questions where applicable (provide full and complete answers). If a particular question does not apply, please write "Nil" in the space provided.

Claim Officer

If the space provided below is insufficient to provide all the details, please attach a separate sheet.

Accepted Date

THE FORM SHOULD BE COMPLETED AND RETURNED TO BUZZ INSURANCE WITHIN 7 DAYS OF RECEIPT BY THE INSURED. NO REPAIRS SHOULD BE CARRIED OUT WITHOUT THE APPROVAL OF BUZZ INSURANCE. A COPY OF ANY QUOTE FOR REPAIRS SHOULD BE INCLUDED WITH THIS FORM.

1. INSURED DETAILS

Policy Number

Title

Date of Birth (DD/MM/YYYY)

Dr Mr Mrs Miss Ms

First Name

Last Name

Address

Post code

Home Phone

Work Phone

Mobile Phone

Email

Prefer method of contact

Home Work Mobile Email

Insurance Australia Limited ABN 11 000 016 722 AFS License No. 227681

POSTAL ADDRESS PO Box 9871 Sydney NSW 2001 | **FAX** 1300 729 878 | **EMAIL** claims@thebuzzinsurance.com.au

2. DRIVERS DETAILS

Was the vehicle being driven at the time of the incident?

Yes No

Driver: Driver or person last in charge of your vehicle

Title **Date of Birth** (DD/MM/YYYY)

Dr Mr Mrs Miss Ms

First Name **Last Name**

Address **Post code**

Home Phone **Work Phone** **Mobile Phone**

Email

Prefer method of contact

Home Work Mobile Email

Driver's License No. **Driver's License Expiry Date** (DD/MM/YYYY)

Number of years the licence held

None (less than 1 year) 1 year 2 years
3 years 4 years 5 or more years

Has the driver had any accidents, traffic convictions and /or penalties in last 5 years?

Yes No

If "Yes", given details - When **Details**

Has the driver's licence ever been suspended or cancelled?

Yes No

If "Yes", given details - When **State reason**

Had the driver consumed within 24 hours preceding the accident any drugs or alcohol?

Yes No

If "Yes", please state the nature, quantity and time of drugs and/or alcohol consumed

Were you required to take a blood, breath or urine tests?

Blood Test

Urine Test

Alco-Test

Full Breathalyser

What was the reading?

3. YOUR VEHICLE'S DETAILS

Registration Number

Engine Number

VIN Number

Vehicle Make

Vehicle Model

Manufacture Year

Was your vehicle used for business?

Yes

No

Insured GST income tax credit %

ABN

4. POLICE DETAILS

Did the police attend the incident or have you notified them?

Scene attended

Self report

No

Police Station

Police Report/Event Number

Officer Name

Station Phone Number

Were any charges laid or indications made of further actions?

Yes

No

If "Yes", please give details (who and what)

5. ACCIDENT/THEFT DETAILS

Date of Accident

Time

Where did accident occur?

Street Address

Post code

Do you accept liability of the accident?

Yes

No

Loss Type

Collision

Collision involving another party

Theft

Malicious damage

Natural disaster

Fire

Describe what happened

Accident:

Describe events before, during and after the accident (including no. of lanes, speed, parked, reversing etc.)

Theft:

Describe events from time parked until discovered missing (include who made discovery and any action)

Accident Sketch

Please provide a sketch of the accident scene and show the vehicle(s) with the following identification:

Your Vehicle

V

Third Party Vehicle (s)

TP1

TP2

TP3

Impact Point

X

Please provide the third party's registration number(s) below.

Third Party1
Registration Number

Third Party 2
Registration Number

Third Party 3
Registration Number

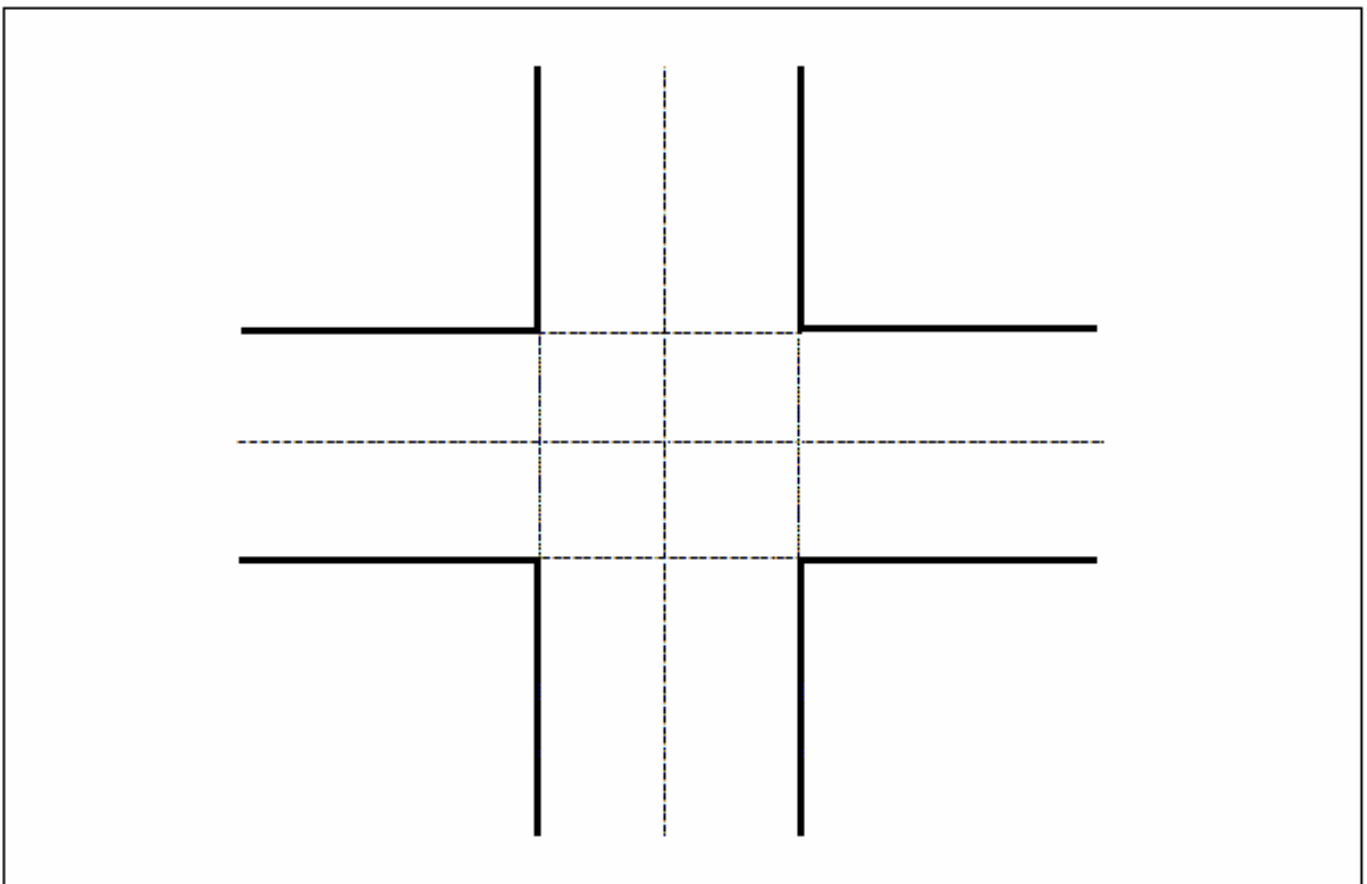
Checklist: Please show

Street name

Distances

Lines/Lane Markings

Traffic Signal/Signs



Accident

What was the road surface like?

- Fine Wet Hail Fog Snow

Theft

State where vehicle was stolen from

Was the vehicle locked?

- Yes No

How many sets of key do you have?

Where were the keys at the time?

Who has each set of keys?

Was the vehicle alarmed or fitted with an immobiliser?

- Yes No

If "Yes", state which

If "Yes", was alarm or immobiliser turned on?

- Yes No

If not turned on, state reason

Has the vehicle been recovered?

- Yes No

If "Yes", by whom?

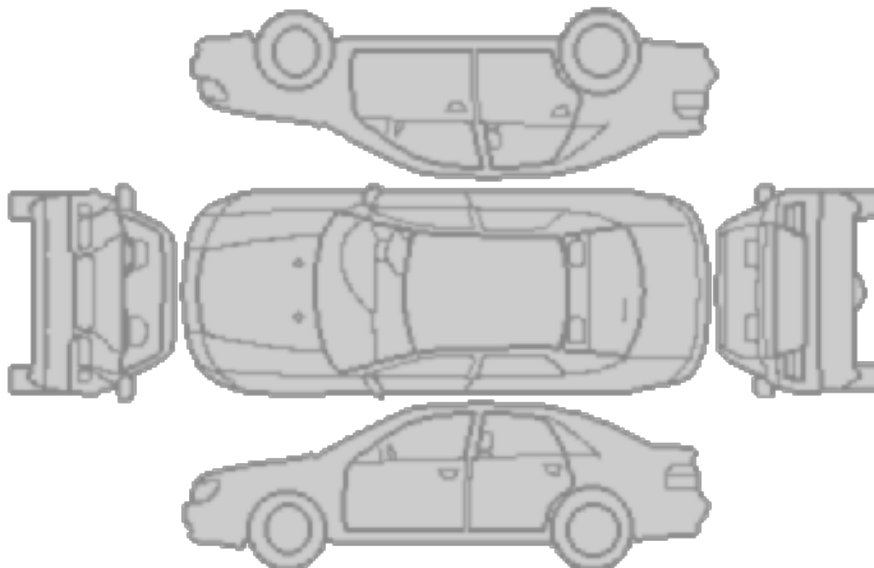
Where has the vehicle been recovered?

Was your vehicle damaged?

- Yes No

Damage:

On the diagrams show the point of impact by an 'X' and the areas damaged by shading



Do you consider the vehicle SAFE to drive?

Yes No

Is/was towing required?

Yes No

Towing:

Towing Operator Name

Phone

Mobile

Towing From Address

Post code

Towing To Address

Post code

6. WITNESS DETAILS

Were there any witnesses?

Yes No

Witness 1:

Title

Dr Mr Mrs Miss Ms

First Name

Last Name

Address

Post code

Home Phone

Work Phone

Mobile Phone

Email

What is your relationship to the witness?

Independent Known to our insured Known to third party

Witness 2:

Title

Dr Mr Mrs Miss Ms

First Name

Last Name

Address

Post code

Home Phone

Work Phone

Mobile Phone

Email

What is your relationship to the witness?

Independent

Known to our insured

Known to third party

7. THIRD PARTY DETAILS

Were any vehicles, other than your own, involved in the accident?

Yes

No

If yes, please answer the following questions.

What is your relationship to the third party?

Registration Number

Known

Unknown

Vehicle Make

Vehicle Model

Manufacture Year

Was the third party vehicle being driven at the time of incident?

Yes

No

Driver Details:

Title

Dr

Mr

Mrs

Miss

Ms

First Name

Last Name

Address

Post code

Home Phone

Work Phone

Mobile Phone

Email

License Number

Third party's evidence of

Impairment

Alcohol/Drug usage

Was the driver the vehicle owner?

Yes

No

Unknown

Owner Details:

Title

Dr

Mr

Mrs

Miss

Ms

First Name

Last Name

Address

Post code

Home Phone

Work Phone

Mobile Phone

Email

License Number

Is the other party insured?

Yes

No

Third Party Policy Number

Insurer Name

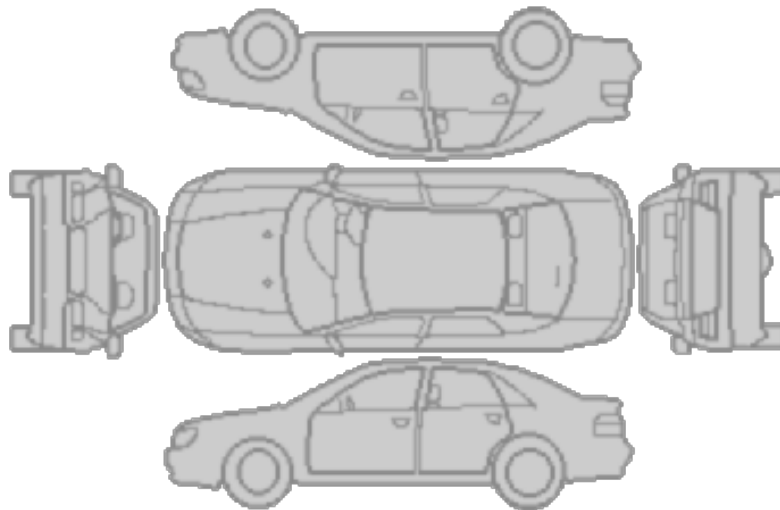
Claim Number

Insurer Address

Post code

Third Party Damage:

On the diagrams show the point of impact by an 'X' and the areas damaged by shading



* If you have received any demands or notices from anyone, please submit with Claim Form.

8. REPAIRER DETAILS

Repairer quote obtained?

Yes No Unknown

* If yes, please attach a copy of your quote to this claim form.

If you have a preferred repairer, please provide the details below.

Repairer Trading Name

Address

Post code

Contact Name

Phone

Fax

9. DECLARATION

I hereby authorise Buzz Insurance to obtain any report or statement that I have made to the police.

I understand that the information provided in this claim form by me is true and correct. No information likely to affect this claim has been withheld. I understand that this claim may be refused if information is inaccurate or concealed.

I consent to Buzz Insurance, in assessing or otherwise dealing with this claim, disclosing my personal information to or collecting my personal information from related entities, other insurers, insurance reference bureaux, investigators, or other parties providing services to the Insurer.

Further information on how we handle your personal information, including how to access your information, is explained in our Privacy Charter. To get a copy of our Privacy Charter visit our website to view a copy.

I authorise Buzz Insurance to obtain any report or statement that I have made to the police.

Signature of INSURED

INSURED Name

Date (DD/MM/YYYY)

When you have completed the form, print and sign. Please send the form to us by either by email, fax or mail.

POSTAL ADDRESS : PO Box 9871 Sydney NSW 2001

FAX : 1300 729 878

EMAIL : claims@thebuzzinsurance.com.au