

1 Claim Number

Details of Insured

Surname of Insured		Given Name/s		Policy Number
<input type="text"/>		<input type="text"/>		<input type="text"/>
Member's Permanent Postal Address				Postcode
<input type="text"/>				<input type="text"/>
Occupation	Home Phone	Business	Mobile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email	Name of Registered Owner		Sum Insured	
<input type="text"/>	<input type="text"/>		<input type="text"/>	

2 Particulars of Insured Vehicle

Make	Model	
<input type="text"/>	<input type="text"/>	
Registration Number	Engine Number	Chassis Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Year of Manufacture	Body Type	No. of Cylinders
<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the vehicle subject to finance? (Mortgage/bill of sale/hire purchase/lease)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Finance Company	Branch	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

3 Particulars of Driver

Name of driver/person last in charge of your vehicle at time of accident				Date of Birth
<input type="text"/>				<input type="text"/>
Address		Postcode	Phone	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Occupation	Driver's Licence No.	Class(es)	Date of Expiry	How long licensed in Australia
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Years

Has the driver had any previous accidents/claims in the last 5 years? If yes, give full particulars Yes No

Has the driver ever had their licence suspended/cancelled in the last 5 years? If yes, state when & why Yes No

Has the driver ever been charged with any of the following convictions in the last 5 years?

a) Driving under the influence of alcohol/drugs? Yes No b) Refusing breath test? Yes No

c) Excess blood alcohol/drugs? Yes No d) Dangerous/reckless driving? Yes No

If yes to any of the above, please give details

4 Driver Details

Was there any intoxicating liquor and/or drugs consumed by the driver in the 24 hours prior to the accident? Yes No

If yes:

a) When was the driver's last alcoholic drink? b) How much was consumed?

c) Where consumed?

d) Was the driver required to undergo a breath test or blood analysis? Yes No Reading

Police action against you or the driver (ATTACH CONFIRMATION FROM THE POLICE DEPARTMENT)

a) Did the Police attend and take particulars? Yes No b) Has the accident been reported to the Police? Yes No

Police Station	Date Reported	Time	Police Report Number
<input type="text"/>	<input type="text"/>	<input type="text"/> am/pm	<input type="text"/>

c) If yes, attach a copy of your statement. d) If no, why not?

e) Is police action pending against either party? Yes No

f) If so, against whom and what are the charges?

If the driver is not the policyholder, please state

a) Relationship to policyholder

b) Whether a paid employee of policyholder? Yes No c) Did they have your consent to use your vehicle? Yes No

d) Has the driver an insurance policy on his/her vehicle? Yes No e) With which company?

f) Has the driver ever been refused insurance? Yes No If yes, state details

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Details of Accident

Date of accident	Time	Where did the accident occur? Street Name	
<input type="text"/>	<input type="text"/> am/pm	<input type="text"/>	
Suburb	Speed of your vehicle: a) At impact?		b) Before the emergency arose?
<input type="text"/>	<input type="text"/>		<input type="text"/>
What was the state of the road? <input type="text"/>			
Purpose vehicle used for at time of accident		If for business, state nature of business	
<input type="text"/>		<input type="text"/>	
Who do you consider was responsible for the accident?		Why?	
<input type="text"/>		<input type="text"/>	
Is there damage to your vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Was the vehicle towed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by whom?	<input type="text"/>
Have you obtained a repair quote?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by whom?	<input type="text"/>
Present location of vehicle?	<input type="text"/>		

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Particulars of Other Vehicle or Property Involved in Accident (These details must be obtained before submitting your claim - failure to do so may delay settlement).

Make	Model	Registration Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner's Name	Phone Number	
Mr/Mrs/Miss/Ms	<input type="text"/>	
Owner's Address	Postcode	
<input type="text"/>	<input type="text"/>	
Driver's Name	Phone Number	Approx. age of other driver? (Third Party)
Mr/Mrs/Miss/Ms	<input type="text"/>	<input type="text"/>
Driver's Address	Postcode	
<input type="text"/>	<input type="text"/>	
Describe damage to vehicle and/or property and approximate cost		
<input type="text"/>		
\$		
Number of persons in vehicle	Is the vehicle insured?	State Company
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Third Party Policy Number	Third Party Claim Number	
<input type="text"/>	<input type="text"/>	
Independent Witnesses (please provide names and telephone number)		
Name and Address	Phone	
<input type="text"/>	<input type="text"/>	

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Description of Accident State clearly and fully how the accident occurred

Please complete a plan design of the accident. Indicate centre of roadway, direction and location of vehicles and location and nature of traffic control, signs, insured vehicle A, other parties B. Please draw a plan and fully explain how accident occurred.

What is the extent of the damage? (Please use diagram)

N	
W	
E	
S	

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Declaration

HBF Insurance Pty Ltd (ABN 11 009 268 277) (HBF) will use the information you supply on this form, and the information we collect from third parties in connection with your claim (which by signing this form you authorise us to collect), to assess and process your claim. We may disclose certain personal information to claims service providers, to the Insurance Reference Bureau and to our related companies.

Further information on how HBF may use and disclose the personal information you provide is contained in HBF's Privacy Statement, which also sets out information about access to your personal information, the laws that impact on HBF's handling of personal information and the consequences if you do not provide the personal information HBF requires. A copy of the Privacy Statement is available at www.hbf.com.au or you can phone a Member Service Advisor on 133 423 to request a copy. I/We the undersigned do hereby warrant the within statements in support of my/our claim for indemnity under my/our Policy are to be true and correct in every respect. I/We agree that if I/we have made, or in any further declaration in respect of the said claim, shall make any false or fraudulent statement, suppressed or concealed any material fact or made any untrue statement whatever, all right to recover thereunder shall be forfeited.

Police Authority

I/We the undersigned hereby authorise the Officer in Charge, Criminal Records Office/Officer in Charge, Traffic Convictions Records to provide particulars of any convictions recorded against me/us.

Signature of Policyholder	Date	Signature of Driver	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>