



DAWES MOTOR INSURANCE MOTOR VEHICLE CLAIM FORM

To ensure prompt attention to your claim, please complete this form in full and leave it with your vehicle for assessment.

- NOTE:**
- Ensure the accident description is accurate and all questions on the claim form have been answered in full.
 - Obtain one quotation from a repairer of your choice.
 - Repairs may not be commenced without written authority from Dawes Motor Insurance.

INSURED'S DETAILS

Name _____

Residential address _____

Postcode _____

Email address _____

Phone number (H) _____ (M) _____

Policy number _____ Policy expiry date _____

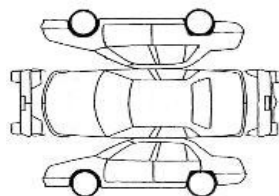
INSURED VEHICLE DETAILS

Make _____	Sum insured _____	Chassis number _____
Model _____	Registration _____	Engine number _____
Year _____	Registration expiry _____	Speedometer reading _____
Type of use _____	<input type="checkbox"/> Private	<input type="checkbox"/> Business

DAMAGE SUSTAINED

Area damaged _____

Indicate on diagram the body panels damaged in this accident



Repairer's name _____

Repairer's address _____

Repairer's phone number _____

Is vehicle drivable? Yes No Is vehicle at repairer's? Yes No

Address vehicle towed to _____

Date of accident _____ Time of accident _____ am/pm _____

Place of accident _____

Road conditions Wet Dry Daylight Dark

Your vehicle

Estimated speed 100m prior to impact _____ kph

Estimated speed on impact _____ kph

Was your vehicle on the correct side of the road **before** the collision? Yes No

Was your vehicle on the correct side of the road **after** the collision? Yes No

Other vehicle

Estimated speed 100m prior to impact _____ kph

Estimated speed on impact _____ kph

Was their vehicle on the correct side of the road **before** the collision? Yes No

Was their vehicle on the correct side of the road **after** the collision? Yes No

PASSENGER DETAILS

Name/s _____	Name/s _____
Address/es _____	Address/es _____
_____	_____
_____	_____

WITNESS DETAILS

Name/s _____	Name/s _____
Address/es _____	Address/es _____
_____	_____
_____	_____

OTHER VEHICLE DETAILS

Owners name _____	Mobile phone _____
Owners address _____	Insurer _____
_____	Vehicle make _____
Drivers name _____	Registration _____
Drivers address _____	Drivers licence _____

Owners name _____	Mobile phone _____
Owners address _____	Insurer _____
_____	Vehicle make _____
Drivers name _____	Registration _____
Drivers address _____	Drivers licence _____

PROPERTY DAMAGE

Damage to property (fences, buildings, etc) _____

Persons injured _____

PRIVACY

We are committed to protecting your privacy. We will only use the personal information you have provided to us in settling this claim and any claim made against you in respect of the claim. You can check the personal information we hold by contacting our Privacy Officer on 1300 188 299.

SIGNATURES

I/we acknowledge Dawes Motor Insurance may give to, or obtain from, other Insurers and/or Insurance/Financial Reference Bureau, State Licensing Authority, Parts or Service Providers, personal information in relation to this claim or my insurance in general.

I/we hereby declare the foregoing particulars to be true and correct, and I/we undertake to render every assistance in my/our power in dealing with this matter.

Signature of owner _____	Date _____
Signature of owner _____	Date _____