

## MOTOR VEHICLE CLAIM FORM

Dear Policyholder,

We're sorry to hear you've had an accident. Our aim is to settle your claim as quickly as possible.

**You can help us do this by ensuring the enclosed claim form is completed promptly and that all questions are fully answered. Although we have allowed the form to be completed on your device, you will be required to print the document to sign as not all insurers accept electronic signatures. This also makes it easier to complete the diagrams on page 4. We ask that you only print pages 3-6.**

To ensure that repairs are underway quickly, you should obtain a quotation at your earliest convenience. If you do not have a preferred repairer in your area we will be able to find one from the insurer or we may be able to assist you in selecting one.

You are not required to provide the quotation with this form, once you have decided on the repairer enter their name and address to the form on page 4. Once we receive the form and provided the policy and claim form are in order, repair work will be authorised without delay.

The information provided below may answer some of the questions which could arise following your claim:

- The excess must be paid to the repairer when you collect your car unless prior arrangements have been made with us. This must be paid even if you were not at fault. If the accident was clearly someone else's fault, we will take recovery action against the person responsible for the accident and will include the amount of your excess. In the case of third party only cover, the excess must be paid to your Insurer at the time of submitting your claim.
- Your no claim discount will not be affected provided you are able to prove that some person other than you or the driver of the insured vehicle was totally responsible for the accident and you are able to advise us of the name and address of that person.
- If the other party involved in the accident has stated that you are being held responsible for the damage to the other vehicle or property, you should indicate that you will be lodging a claim with us and that any demands for compensation will be handled by your Insurer. Do not admit liability or make any offers or promises of payment without our consent.
- If you receive a letter of demand and a quotation and/or account for the repairs to another person's vehicle or property, you must send this correspondence to us immediately. Any delays could result in additional costs.
- Even if you feel you were not responsible for the accident, do not ignore letters of demand from the other party. Any correspondence from the other party should be forwarded to us. If you fail to act on the other party's letter of demand, it may result in a summons being served on you. If this happens, you must contact us immediately.
- If you feel the repairs to your vehicle are unsatisfactory, you should discuss the problem with the repairer. If you are unable to reach agreement, then contact us.

If you have any problems during the period of your claim, please contact us and quote your claim number if you know it. We assure you of prompt attention to any queries you may have.

Peter Ligdopoulos  
Delphic Insurance Services

## YOUR PRIVACY

The Privacy Act 1988 requires us to make the following disclosure before collecting personal information about you:

- We collect personal information in order to provide our broking services including assistance with insurance claims. We will ask you to supply personal information on this form so we can assist you to submit your insurance claim and have it considered by the insurer. We will disclose this information to the insurer for this purpose.
- If the personal information is not provided, the insurer may not be able to assess and pay the claim and we may not be able to assist with your claim.
- We and the insurer may disclose the personal information to other people involved in reviewing the claim, including reinsurers, other insurance intermediaries, the insurer's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process.
- Your information will be disclosed to organisations overseas if your policy is underwritten by an overseas insurer. If your insurer is overseas, information about where the insurer is located is set out below:
- By signing this form, you consent to us and the parties mentioned above collecting, using and disclosing personal and sensitive information about you for the purposes described above. You understand that any personal and sensitive information disclosed to organisations located overseas may not be protected in the same way as it is in Australia. Even though we have not control over how the information will be used and disclosed, you consent to us disclosing your personal and sensitive information to those overseas organisations for the purposes described above.

Further information about how to access the personal information we hold about, have it updated or corrected or how to make a complaint about how your personal information is in our Privacy Policy on our website [www.delphicinsurance.com.au](http://www.delphicinsurance.com.au)

**1. Policyholder**

<b>Full Name and Address of Policyholder</b> ..... ..... ..... .....	<b>Telephone Numbers:</b>  <b>Business Hours</b> .....  <b>After Hours</b> .....
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**2. Insured Vehicle**

<b>Make &amp; Model:</b>	.....	
<b>Body Type:</b> .....	<b>Registration No:</b> .....	<b>Model Year:</b> .....

**3. Driver (Please complete these details in respect of the person in charge of the vehicle at the time of the accident)**

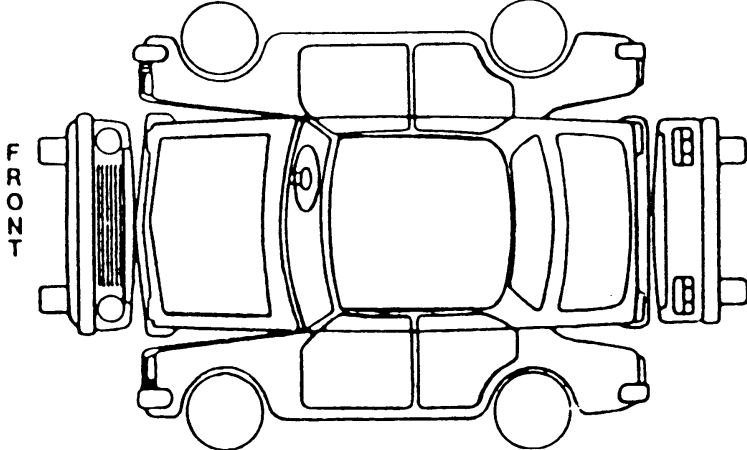
<b>Full Name and Address of Driver</b> ..... ..... .....	<b>Occupation:</b> .....  <b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female  <b>Date of Birth:</b> ..... / ..... / .....
<b>Drivers Licence No:</b> .....	<b>State of issue:</b> .....
<b>Was the vehicle being used with the full knowledge and consent of the policyholder?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>What is the relationship of the Driver to the Policyholder?</b> <input type="checkbox"/> Self <input type="checkbox"/> Relative <input type="checkbox"/> Employee <input type="checkbox"/> Friend <input type="checkbox"/> Other, please describe: .....	
<b>Was the driver under the influence of any drug or alcohol at the time of the accident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Did the driver undergo a breath test?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what was the reading? .....	

**4. Accident Date**

<b>Date of accident:</b>	..... / ..... / .....	<b>Time of accident:</b> ..... am / pm
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**5. Description of Accident**

<b>Name of street where accident occurred</b>	.....
<b>If at an intersection, names of intersecting streets</b>	.....
<b>Suburb, Town, City</b>	.....
<b>Was the vehicle towed from scene of accident?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give name of towing contractor .....
<b>Did you authorise this towing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>State clearly and fully how the accident occurred</b> <i>(if insufficient space, attach separate statement)</i></p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>																
<p><b>Was the street wet?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>																
<p><b>Did the other party admit liability?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No      If Yes, please give details:</p> <p>.....</p>																
<p>Please draw Sketch showing position of all Vehicles and Pedestrians at the time of the accident. Show also position of all Traffic Lights, Signs, and Pedestrian Crossings.</p> <p><b>SYMBOLS</b></p> <table border="0" style="width:100%"> <tr> <td style="width:33%">Street Intersection</td> <td style="width:33%"></td> <td style="width:33%">Pedestrians</td> <td style="width:33%"></td> </tr> <tr> <td>Curved Street</td> <td></td> <td>Stop Sign</td> <td></td> </tr> <tr> <td>Your Vehicle</td> <td></td> <td>Give Way Sign</td> <td></td> </tr> <tr> <td>Other Vehicle</td> <td></td> <td>Traffic Lights</td> <td></td> </tr> </table>	Street Intersection		Pedestrians		Curved Street		Stop Sign		Your Vehicle		Give Way Sign		Other Vehicle		Traffic Lights		<p style="text-align: center;">:SHOW NORTH BY ARROW:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
Street Intersection		Pedestrians															
Curved Street		Stop Sign															
Your Vehicle		Give Way Sign															
Other Vehicle		Traffic Lights															
<p><b>Please indicate Insured Vehicle's speed immediately prior to accident</b></p>	<table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Stationary</td> <td><input type="checkbox"/> Under 30 km/h</td> <td><input type="checkbox"/> 30-60km/h</td> </tr> <tr> <td><input type="checkbox"/> 60-80km/h</td> <td><input type="checkbox"/> 80-100km/h</td> <td><input type="checkbox"/> Over 100km/h</td> </tr> </table>	<input type="checkbox"/> Stationary	<input type="checkbox"/> Under 30 km/h	<input type="checkbox"/> 30-60km/h	<input type="checkbox"/> 60-80km/h	<input type="checkbox"/> 80-100km/h	<input type="checkbox"/> Over 100km/h										
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<p><b>Where can the vehicle be inspected?</b> <i>(If at a repairer's premises - name &amp; address of repairer)</i></p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>Telephone Number: .....</p>																
<p><b>Please indicate areas of damage to insured vehicle</b></p>																	

**6. Police**

<b>Date reported to Police</b>	..... / ..... / .....	<b>Time reported to Police</b>	.....am / pm
<b>Did the Police attend the accident?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, please state: (i) From which Police Station? ..... (ii) Name of Officer .....		
<b>Did the Police indicate which driver was at fault?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, details: .....		

**7. Other Parties (Please complete this section if any other vehicles or property involved)**

<b>Number of other vehicles involved</b>	.....	
<b>Driver's name and address</b>	..... ..... .....	
<b>Phone Number</b>	.....	
<b>Date of Birth</b>	<b>Drivers Licence No:</b>	<b>State of issue:</b>
.....	.....	.....
<b>Make &amp; Model of Vehicle:</b>	.....	
<b>Body Type:</b> .....	<b>Registration No:</b> .....	<b>Insurer:</b> .....
<b>Please give particulars of damage to other party's vehicle and/or property</b>	..... ..... .....	

**NB: (If more than one third party involved, please provide similar particulars on a separate sheet)**

**8. Additional Information**

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**9. Declaration**

The information and answers given above are a true and complete statement of the facts and matters relating to the happening for which this claim is made, and no information likely to affect this claim has been withheld. I authorise my Insurer to undertake on my behalf whatever actions are necessary to indemnify me within the terms of my policy including if necessary, removal of my vehicle to alternative premises to enable repairs to be carried out by a qualified Motor Body Repairer. I understand that this claim may be refused if information is untrue, inaccurate or concealed.  
I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify Delphic Insurance Services in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Driver's Signature ..... Date: ...../...../.....

Policyholder's Signature ..... Date: ...../...../.....

Please email this claims form and any photographs or video you may directly to your account manager. We will contact you to let you know the next steps and will let you know if there is any additional information required. If you require assistance in finding a repairer, please contact us and we may be able to assist.

If you do not know the details of your account manager, please contact us directly on 1800 DELPHIC or email us at [claims@delphic.com.au](mailto:claims@delphic.com.au).

Please avoid if possible from corresponding to the third party, or their insurance company, any such requests should be forwarded to your account manager directly.