



**Details of claim (cont'd)**

Exact location of the incident

Describe briefly how the incident occurred

Did the police attend the scene? No  Yes Have you reported the incident to the police? No  Yes  Please give details

Police station Report no. Date reported / /

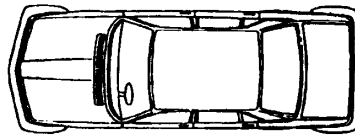
Has any police action been taken against anyone? No  Yes  Please give detailsHas the vehicle/property been found? No  Yes  Please give details

When Where By whom

**(It is your responsibility to take all reasonable steps to prevent further loss or liability and recover lost or stolen property)**

Describe briefly the areas of damage sustained to your vehicle as a result of this incident

Place X on diagram to show areas of damage.

Was there pre-existing damage? No  Yes  Please give detailsWas your vehicle towed from the scene? No  Yes  Please give details

By whom? Time am/pm Date / / To where?

Present location of vehicle

Choice of repairer Repair quote \$

Were any personal effects stolen as a result of this incident? No  Yes  Please give details

Description	Age	Where purchased or by whom presented	Cost price	Amnt. claimed

(If insufficient space, please attach a separate sheet of paper)

**Where personal effects cover applies, refer to policy booklet for definition.****Accessories**Were any accessories stolen or damaged as a result of this incident? No  Yes  Please provide details

Particulars of items	*Standard accessories <input checked="" type="checkbox"/>	**Non standard accessories <input checked="" type="checkbox"/>	Date of purchase	Purchased from (please attach receipts)	Whether new or used when purchased	Amount paid	ITC %

(If insufficient space, please attach a separate sheet of paper)

\* "Standard Accessories" are fitted by the vehicle manufacturer but do not include performance enhancing or modification equipment.  
 \*\*"Non Standard Accessories" are not covered unless endorsed on the policy.

**Before signing please read this important information**

**Excess** – You must pay all applicable excesses before we are liable for any payment under this policy.

**Declaration**

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

No information likely to affect the acceptance of this claim has been withheld. I understand that this claim may be refused if any information is false, or inaccurate or concealed. I consent to the Insurer, 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.

Signature of driver

Date        /        /

Age of driver or person last in charge of vehicle

The foregoing information is, to the best of my knowledge and belief, true in every respect.

I consent to the Insurer, 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.

I hereby submit the foregoing information in support of my formal claim for indemnity under my policy and I hereby authorise the Insurer to obtain any report or statement that I have made to the police.

Signature of insured

Date        /        /

**Please ensure that all questions have been answered**