UNITING CHURCH IN AUSTRALIA – Synod of NSW AND THE ACT

MOTOR INSURANCE GENERAL CLAIM FORM

ABOUT YOUR MOTOT VEHICLE CLAIM:

1. **Proclaim is the claim manager for the UCA Synod of NSW & ACT - Contact Proclaim on 1300 776 252 if the claim has not been reported to Proclaim.**
2. **Complete and sign this claim form, making sure that all questions have been answered fully, and attach a copy of the Drivers Licence for the driver of the vehicle at the time of the accident.**
3. **Send this completed claim form and claim documentation to Proclaim by email attachment to claims@nsw.uca.org.au or by facsimile 1300 265 655 or by mail: Proclaim – Locked Bag 32012, Collins Street East, VIC 8003**
4. **Send Proclaim (or the appointed assessor) a copy of quotations to repair / towing invoices / emergency repairs**
5. **Before any repairs are done, you must let us, or our assessor, inspect the vehicle.**
6. **If someone else involved in the accident contacts you about a claim, or for information, refer the person to Proclaim.**
7. **If you receive a writ or summons, or anything else from a legal firm, please forward it to Proclaim immediately.**
8. **We may need to get a police report. – if you have a copy please send it to Proclaim.**
10. **Please keep a copy of the completed claim form and any other documents.**

1. The Policy Holder

My Name Mr ☐ Mrs ☐ Miss☐ Ms ☐ Given Name(s): _____

Surname / Company: _____

My Postal Address: _____

_____ Postcode: _____

My Telephone No: Work: ( ) _____ Home: ( ) _____ Mobile _____

My Policy No: _____ Which expires on: _____/_____/_____ Date of Birth: _____/_____/_____ Age:_____

Occupation _____ If a company, provide ABN No: _____

2. The Insured Vehicle

Name of registered owner of vehicle(s): _____ Registration No:_____

Year of Manufacture: _____ Model _____

Type:_____ Carrying Capacity:_____

Engine No: _____ Chassis/Vin No: _____

Is the vehicle financed? Yes ☐ No ☐ If YES, type of finance: _____

Name of Company:_____ Account/Loan No: _____

Is the vehicle subject to Sales Tax Exemption? Yes ☐ No ☐ If YES, provide Exemption No:_____

For what purpose was the vehicle being used at the time of the incident? _____

Was the vehicle being used with the policy holder's consent? Yes ☐ No ☐

3. The Driver of the Insured Vehicle

Was the driver the Policy Holder? No ☐ Yes ☐

Was the driver nominated as a driver on the schedule? Yes ☐ No ☐

Part A

Driver's Name: Mr ☐ Mrs ☐ Miss☐ Ms ☐ Given Name(s): _____ Surname: _____

Driver's Address: _____

_____ Postcode: _____ Date of Birth: _____/_____/_____ Age: _____

Driver's Telephone No: Work: ( ) _____ Home: ( ) _____ Mobile: _____

Is the driver licensed to drive this type of vehicle: Yes ☐ No ☐

If NO, state the type of license the drivers holds: _____

If YES how long has the driver held this type of license:_____

Driver's Relationship to the Insured: _____

Part B

Driver's Occupation: _____

Driver's Licence Details: Number: _____ Expiry Date: _____/_____/_____

How long has the driver held an Australian Licence? _____

Send us a copy of the drivers license.

Has the driver ever made a claim under a Motor Vehicle Policy? Yes ☐ No ☐
If YES, please give details: _____

Has the driver in the last 5 years had a driving licence endorsed, suspended or cancelled? Yes ☐ No ☐
If YES, please give details: _____

Were intoxicating liquor or drugs consumed by the driver within 24 hours prior to the incident? Yes ☐ No ☐
If YES, state how much and when: _____

Was the driver given

A breath test? Yes ☐ No ☐ If YES, what was the result? _____

Or a drug test? Yes ☐ No ☐ If YES, what was the result? _____

Or a blood test? Yes ☐ No ☐ If YES, what was the result? _____

IF YOU ANSWERED YES, AND YOU WERE GIVEN AN ANALYSIS CERTIFICATE, PLEASE ATTACH THIS CERTIFICATE TO THIS FORM

Did the driver refuse to undergo any of the abovementioned tests? Yes ☐ No ☐

Part C

Vehicle Modifications

Has the vehicle been modified or converted from the manufacturer's specification or fitted with accessories other than those supplied by the manufacturer? Yes ☐ No ☐
If YES, describe the modifications/accessories:

_____

_____

Previous Damage

Was there any unrepaired damage to the vehicle before the accident? Yes ☐ No ☐
If YES, described the unrepaired damage:

_____

4. The Incident

Theft ☐ or Damage ☐

Date: _____/_____/_____ Day of incident: _____ Time of incident: _____ AM ☐ PM ☐

Location: (incl. cross streets)_____
Metro ☐ Country ☐

Speed: What speed were the vehicles doing at the time of the incident? Your vehicle:_____ kph Other Vehicle _____ kph

Traffic Controls: Roundabout ☐ traffic lights ☐ give way sign ☐ other ☐
stop sign ☐ railway crossing ☐ none ☐

Road Surface Rough ☐ dry ☐ wet ☐ loose ☐

No. of vehicles involved: _____ Whom do you consider to be at fault?_____

Why? _____

State fully and clearly how the incident occurred: _____

_____

_____

_____

_____

5. Sketch Diagram of Incident

Only complete this if the incident involved a collision with another vehicle.

Mark the insured vehicle as **1**, and number other vehicles as **2, 3, 4** etc. Indicate direction of travel, ie ⟶

6. The Police

Did a Police Officer attend the incident? Yes ☐ No ☐ If NO, did you report this incident to the Police? Yes ☐ No ☐

If YES, name of Police Station: _____ Date: _____/_____/_____ Time: _____AM ☐ PM ☐

Name of Police Officer: _____ Did the Police Officer indicate who was responsible? Yes ☐ No ☐

Name of person(s) charged or cautioned: _____

Nature of charge or caution: _____

7. Damage to Insured Vehicle

Do you intend claiming for damages to your vehicle? Yes ☐ No ☐

Where is the vehicle now: _____

_____Telephone Number:_____

Was the vehicle towed? Yes ☐ No ☐

Name of tow company:_____

Distance vehicle towed: _____ ___kms

PLEASE SHADE THE DAMAGED AREAS: ⟶

8. The Other Vehicles Involved

If there was more than one other vehicle involved, please write the details on a separate sheet.

Owner's Name: Mr ☐ Mrs ☐ Miss☐ Ms ☐ Given Name(s): _____ Surname: _____

Owner's Address: _____

_____ Postcode: _____

Owner's Telephone No: Work: ( ) _____ Home: ( ) _____ Mobile: _____

Vehicle details: Registration No:_____ Make of Vehicle:_____

Year of Manufacture: _____ Model _____ Colour: _____

Insurance Company which insures this vehicle:_____ Policy No:_____

Driver's Name: Mr ☐ Mrs ☐ Miss☐ Ms ☐ Given Name(s): _____ Surname: _____

Driver's Address: _____

_____ Postcode: _____

Driver's Telephone No: Work: ( ) _____ Home: ( ) _____ Mobile: _____

Driver's Licence No: _____ Expiry Date: _____/_____/_____ Date of Birth: _____/_____/_____

How many people were in the vehicle? _____

Was the owner in the vehicle at the time of the incident? Yes ☐ No ☐

Please describe the vehicle damage: _____

_____

_____

9. Damage to Property Other Than Vehicles

Please describe the property and the damage: _____

_____

Owner's Name: Mr ☐ Mrs ☐ Miss☐ Ms ☐ Given Name(s): _____ Surname: _____

Owner's Address: _____

_____ Postcode: _____

Owner's Telephone No: Work: ( ) _____ Home: ( ) _____ Mobile: _____

10. Witnesses

Were there any witnesses? Yes ☐ No ☐ ***If NO, proceed to Question 11***

WITNESS 1: Was the witness in the insured vehicle? Yes ☐ No ☐

Name: _____ _____

Address: _____ _____

Telephone No: Work: ( ) _____ Home: ( ) _____

WITNESS 2: Was the witness in the insured vehicle? Yes ☐ No ☐

Name: _____ _____

Address: _____ _____

Telephone No: Work: ( ) _____ Home: ( ) _____

11. Injuries

Please tell us about anyone who was injured:

Name: _____

Address: _____

Description of Injury: _____

Name: _____

Address: _____

Description of Injury: _____

12. Emergency Repair & Towing Costs

Do you intend to lodge a claim for the following costs resulting from a collision?

Emergency Repair Costs	Yes ☐	No ☐	Amount:	$_____
Reasonable Towing Costs	Yes ☐	No ☐	Amount:	$_____
Other Costs	Yes ☐	No ☐	Amount:	$_____

REFER TO POLICY FOR COVERAGE PARTICULARS AND APPLICABLE SUB-LIMITS.
IF YOU HAVE RECEIPTS RELATING TO THE ABOVE, PLEASE ATTACH THEM TO THIS CLAIM FORM

13. Declaration/Authority

The information and answers given above are truthful, accurate and frank. No information likely to affect this claim has been withheld.

I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

Driver's Signature: _____ Date: _____/_____/_____

Policy Holder's Signature: _____ Date: _____/_____/_____
(and Company Stamp if applicable)

PLEASE CHECK THAT THIS DOCUMENT HAS BEEN FULLY COMPLETED

14. Additional Comments