

Motor Vehicle Report of Loss Form

1800 254 287
newclaims@ajg.com.au



This form collects personal information about you so we can consider your claim and update your insurances. It will be held by Arthur J. Gallagher Limited and the underwriter who receives your claim. You may request access to, and correction of, this information subject to the provisions of the Privacy Act 1988. The collection of this information by Arthur J. Gallagher Limited is required under the terms of your insurance policy. Failure to provide this information may result in your claim being declined.

1. INSURED PARTY DETAILS

Insured Name:	Client/Policy/ Claim Reference:
Contact Person:	Preferred Phone No:
Contact Email:	Preferred contact method:
Address:	
What is your ABN:	
Are you registered for GST:	To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium:

2. INSURED DRIVER DETAILS

Drivers Name:	Date of Birth:			
Relationship to Client:	Driver Phone No:			
Driver Email:	Preferred contact method:			
Driver Address:				
Licence Number:	Classes:	Expiry Date:		
Years Held:	Type of Licence:	Full	Probationary	Learners
Has the driver in the last 5 years had any accidents, traffic convictions and or penalties?	No	Yes	(if yes provide details)	
Has the driver in the last 5 years had their licence suspended or cancelled?	No	Yes	(if yes provide details)	
Did the driver drink and alcohol or take any drugs in the 24 hours prior to the accident?	No	Yes	(if yes provide details)	



3. VEHICLE DETAILS

Make: _____ Year: _____

Model: _____ Registration No: _____

Is the vehicle subject to finance (Loan/Lease/Hire Purchase)? No Yes (if yes provide details)

Finance Name: _____

4. ACCIDENT DETAILS

Date of accident: _____ Time of accident: _____

Accident suburb: _____ Accident Street: _____

Nearest crossroad: _____ Weather Conditions: _____

Description of incident:
Please feel free to print
page 4 to include a
diagram

Who do you believe to
be at fault: _____ Did the other party
admit fault: _____

Where is your vehicle
now: _____ Is your vehicle
driveable: Yes No

5. THIRD PARTY DETAILS

Driver Name: _____ Licence Number: _____

Driver Address: _____ Driver Phone No: _____

Make: _____ Year: _____

Model: _____ Registration No: _____

Owners Name: _____ TP insurer: _____

Owners Address: _____ Owners Phone No: _____

6. WITNESSES

Witness Name: _____ Witness Phone No: _____

Witness Address: _____

Witness Name (2): _____ Witness Phone No: _____

Witness Address: _____

7. POLICE

Were police notified: Yes No

Did police attend: Yes No

Date Notified:

Time Notified:

Police station:

Officers Name:

Report Number:

8. DIRECT CREDIT DETAILS

Account Name:

BSB:

Account No:

9. DECLARATION

The issue of this form does not constitute an admission of liability on the part of the insurer. Your insurer may still require you to complete their claim form, contact you for further information or appoint an assessor or other service provider to assist with your claim.

If at any time you require further assistance or advice, please call your broker directly or AJG Claims toll free on **1800 254 287**. Email this form to newclaims@ajg.com.au

I/We declare that the information contained in this form is to the best of my knowledge true and accurate and the time of completion.

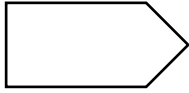
Date Completed:

Name / Signature:

10. DIAGRAM

You can print this page to draw a diagram of the accident. Looking up the accident location on Google Maps or similar can often assist with this task.

Insured
Vehicle



Third Party
Vehicle



A large empty rectangular box for drawing the accident diagram.