

If driver is not Policyholder, driver's percentage of this vehicle's usage % Had driver consumed any medication, drugs or alcohol that day? Yes No

Relationship to the owner, are you: a. the owner; b. an employee; c. a relation or friend of owner.

In the past 5 years has the driver or insured had a loss/accident in respect to a motor vehicle? *Give dates and details and name of Insurer involved*

Has the driver or insured in the past 5 years been convicted of an offence (other than parking) in connection with a motor vehicle or had a licence endorsed, suspended or cancelled?

Yes No *If yes, please provide details*

In the past 5 years has the driver or insured had a policy of insurance cancelled or declined or an excess imposed or increased?

Yes No *If yes, please provide details*

4. Details of loss

Date of loss / / Time am/pm Place of loss

Describe where and how the vehicle came to be where it was prior to the loss

Was vehicle locked at time of theft? Yes No Were the keys left in vehicle? Yes No

Describe when and in what circumstances the loss was discovered

Describe when and what action was taken after the loss was discovered

5. Police *Please attach the police report to this claim form*

Did the Fire Brigade attend? Did the Police attend? Reported to Police Station at Police Officer

Date reported / / Time am/pm Police report number What action are the Police taking?

6. Recovery

If the vehicle or property stolen has been recovered, where was it located?

By whom? When?

Has anyone been apprehended? Are charges being laid?

7. Damaged to insured vehicle *If vehicle towed and towing fees paid please attach invoice and receipt*

Where can the vehicle be inspected? Is your vehicle drivable?

Was the vehicle towed? Yes No *If yes, by whom?*

Have you obtained estimate for repairs? Yes No

Repairer Amount \$

8. Goods and services tax *To ensure you do not incur any unnecessary GST liabilities on this claim complete these details*

Are you registered for GST purposes? Yes No What is your ABN?

If you have registered and have an ABN, have you claimed or will you be claiming an input tax credit on the GST applicable to this policy? Yes No

Is the amount claimed less than 100% of the GST applicable to the premium? Yes No Specify the percentage amount claimed %

9. Electronic Funds Transfer *Settlement of your claim may involve a cash settlement. Please complete the following if you are interested in an EFT Payment*

Account name BSB number Account number

10. I declare that all the information I have given is true and correct

Signature Date / /

Ansvar Insurance is a member of the insurance industry's impartial Insurance Ombudsman Service. This independent service is provided to the insuring public at no cost and aims to resolve claims complaints quickly and informally. In the unlikely event of a complaint arising, you should firstly contact the local Ansvar Insurance Regional Manager. In most cases the problem will be resolved easily. If you are not satisfied with the response given by the Regional Manager you may contact our Internal Dispute Resolution Committee for advice and assistance in resolving your claim.

Privacy The information we collect assists us to make a decision on whether we will accept your claim. If you do not provide this information we may be unable to process your claim. We may use third party suppliers (agents, loss adjusters, assessors and mailing houses) to carry out specialised activities on your behalf. These organisations are aware of their obligations under Privacy provisions. At any time you may request access to your personal information and correct it if it is wrong. We value the personal information you give to us and we will take all reasonable precautions to prevent unauthorised access to this information.