



DE CONNO & BLANCO
INSURANCE BROKERS

113 Payneham Road
St Peters SA 5069
ABN: 55 007 971 217
AFS: 239121

Telephone: (08) 833 777 33
Facsimile: (08) 8363 9333
Email: mail@deconnoblanco.com.au
www.deconnoblanco.com.au



Claim No:

1. Policyholder

Full Name and Address of Policyholder	Occupation:
	Telephone No: Home (....) Bus. (....)
Insurer: _____	Policy No: _____ Expiry Date: / /
For what purpose was the vehicle being used?	

2. Insured Vehicle

Make & Model	
Body Type:	Year of Manufacture:
Registration No:	Engine No:
V.I.N. No	Expiry Date of Registration: / /20
Name & Address of Finance Co. if applicable
Have there been any engine, body or transmission modifications from the manufacturer's original specifications or any accessories added?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please give details:</i>

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

Full Name and Address of Driver	Occupation:
	Sex (M or F) Date of Birth: / /
Drivers Licence No:	State of issue:
How long has the driver held a motor vehicle drivers licence? _____ yrs	Expiry Date of Licence: / /
Was the vehicle being used with the full knowledge and consent of the policyholder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the relationship of the Driver to the Policyholder?	<input type="checkbox"/> Self <input type="checkbox"/> Relative <input type="checkbox"/> Employee <input type="checkbox"/> Friend <input type="checkbox"/> Other <i>If Other, please describe:</i>
Have you (the Policyholder) or the driver of the vehicle at the time of the accident:	(i) been involved in any previous motor vehicle accident in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (ii) been charged with any offence in relation to the use of a motor vehicle in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (iii) had any insurance declined or cancelled, been refused renewal of an insurance or had special terms imposed in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes", to (i), (ii) or (iii), please give details below:</i>
Name	Date / /
	Particulars (eg, name of insurance company, details of charges etc)
Was the driver under the influence of any drug or alcohol at the time of the accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please state what drugs or how much alcohol was consumed by the driver in the 12 hours prior to the accident:
Did the driver undergo a breath test?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, what was the reading?</i>



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Estimated Cost of Repairs (including parts)	
Please indicate areas of damage to insured vehicle	

6. Police

Date reported to Police	/ /20	Time reported to Police	am/pm
Did the Police attend the accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state: (i) From which Police Station? (ii) Name of Officer		
Did the Police indicate which driver was at fault?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state: (i) Name of driver charged or cautioned (ii) Nature of charge or caution		

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

Number of other vehicles involved	
Owner's name and addressPostcode.....
Licence Number	Age: yrs
Make and Model of Vehicle	
Registration Number	
Driver's name and addressPostcode.....
Please give particulars of damage to other party's vehicle and/or property

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



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8. Witnesses

Passengers in Insured Vehicle	Names	Addresses

Independent Witnesses	Names	Addresses

9. ABN Details

Are you a registered business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	What is your ABN?	ABN No:
What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred?%				

10. 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 [Value not set] 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:/...../.....