



Motor Vehicle Claim Form

 Policy & Insured Detail 	1.	Poli	icy 8	5 .	Insu	red	Det	tai	S
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Name of Insured Policy Number

Contact Number Excess Applicable (claims officer to advise)

Postal Address

Are you registered for GST? No Yes ABN

Are you entitled to claim GST for the repairs? If yes, please specify the percentage claimable (GST %)

2. Driver's Details (Your details)

Drivers First and Last Name Date of Birth

Drivers Licence Number Licence Expiry Year's Licensed

Contact Number Address

Did the driver consume any alcohol in the 12 hours prior to the incident?

Yes No

Has the driver been convicted of any driving charges or loss of licence in the last 5 years?

Yes No

3. Incident Details

Date of Incident Time of Incident AM PM

Vehicle Year, Make & Model Vehicle Registration

Where did the incident occur?

3. Incident Details (continued)

Incident Circumstances - state clearly and fully how the incident occured

Please describe damages to your vehicle

Was the incident reported to Police? Yes No

If yes, please provide the Police Report Number

Was the vehicle towed? Yes No

If yes, please advise who towed the vehicle and where was it taken?

Do you have a preferred repairer? If yes, please advise

Were there any independent witnesses to the accident? Yes No

Witness Name (if applicable) Witness Contact Number (if applicable)

4. Details of other vehicle or property (Third Party)

Third Party Name Contact Number

Third Party Residential Address

Damages to Third Party Property

Vehicle Make & Model Registration

Third Party Insurance Company Policy and/or claim number



Phone: 08 9349 7900 Fax: 08 9349 7677

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