

MOTOR VEHICLE CLAIM FORM

When completing this form you need to be honest, accurate and truthful in your answers. We may reduce or refuse to pay a claim if you have not answered our questions in this way. By completing this form you are confirming that you have read Hollard's Privacy Policy available online at hollard.com.au. If any of the following questions are not relevant, please mark the box with N/A. If the space provided is insufficient to capture any of your responses, please attach additional pages as required.

YOUR DETAILS

Name of insured	Policy number	
<input type="text"/>	<input type="text"/>	
Name of broker		
<input type="text"/>		
Address of insured		
<input type="text"/>		
		State
		Postcode
Phone: Mobile	Home	Work
<input type="text"/>	(<input type="text"/>)	(<input type="text"/>)
Email details		
<input type="text"/>		
Nominate the main contact for the claim		
<input type="text"/>		
Is the vehicle used for business purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', provide the ITC percentage <input type="text"/> %		

DRIVER'S DETAILS

Name of person driving your car	Driver date of birth
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>
Driver's Licence number	Driver's Licence expiry date
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>
How many years has the driver had their licence?	
<input type="text"/>	

DRIVER'S HISTORY

- In the last 3 years has your licence had any cancellations or suspensions? Yes No
If 'Yes', provide details:
- In the past 4 years have you had any drink driving or drug convictions? Yes No
If 'Yes', provide details:
- Do you have any restrictions or limitations on your licence? Yes No
If 'Yes', provide details:

MOTOR VEHICLE CLAIM FORM

DRIVER'S HISTORY – continued

4. 12 hours prior to the incident had you consumed any alcohol, drugs or prescription medications?

Yes No

If 'Yes', provide details:

YOUR CAR

Car registration number

Car year

Car make

Car model

Was your car towed?

Yes No

Where is your car now?

INCIDENT DETAILS

Date the incident occurred

Time the incident occurred

Please tell us in detail what happened

Where did the incident occur?

Did the incident involve another car?

Yes No

Within the 12 hours prior to the incident, is it alleged that anyone else involved had consumed any alcohol, drugs or prescription medications?

Yes No

Was the incident reported to the police?

Yes No

THIRD PARTY 1

Name of driver/owner of other vehicle

Address

Phone

Licence number

Car registration number

Other driver's insurance company

Other driver's policy or claim number

MOTOR VEHICLE CLAIM FORM

THIRD PARTY 2

Name of driver/owner of other vehicle

Address

State Postcode

Phone

Licence number

Car registration number

Other driver's insurance company

Other driver's policy or claim number

Please email your completed claim form to claims@hollardinsurance.com.au or fax to 02 9253 6697

Once your claim form has been received, a member of our claims team will contact you for further information to discuss your claim.