

SSAA General Insurance Brokers.

Unit 1/212 Glen Osmond Road, Fullarton SA 5063.

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Freecall 1800 808 608 (Landline only) **www.ssaib.com.au**



SSAA
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Motor Vehicle Claim Form

We're sorry to hear you've had an accident. Our aim is to settle your claim as quickly as possible. You can help us do this by ensuring the enclosed claim form is completed promptly and that all questions are fully answered. If insufficient space, please attach a separate statement.

To ensure that repairs are underway quickly, you should obtain a minimum of one quotes from a repairer of your choice.

The quotations together with the completed claim form should be forwarded to us as soon as possible and we will arrange for the insurer to appoint an assessor to inspect the damage. Provided the policy and claim form are in order, repair work will be authorised without delay.

The information provided below may answer some of the questions which could arise following your claim:

1. The excess must be paid to the repairer when you collect your car unless prior arrangements have been made with us. This must be paid even if you were not at fault. If the accident was clearly someone else's fault, the insurer will take recovery action against the person responsible for the accident and will include the amount of your excess. In the case of third party only cover, the excess must be paid to your Insurer at the time of submitting your claim.
2. Your no claim discount will not be affected provided you are able to prove that some person other than you or the driver of the insured vehicle was totally responsible for the accident and you are able to advise us of the name and address of that person.
3. If the other party involved in the accident has stated that you are being held responsible for the damage to the other vehicle or property, you should indicate that you will be lodging a claim with us and that any demands for compensation will be handled by your Insurer. Do not admit liability or make any offers or promises of payment without our consent.
4. If you receive a letter of demand and a quotation and/or account for the repairs to another person's vehicle or property, you must send this correspondence to us immediately. Any delays could result in additional costs.
5. Even if you feel you were not responsible for the accident, do not ignore letters of demand from the other party. Any correspondence from the other party should be forwarded to us. If you fail to act on the other party's letter of demand, it may result in a summons being served on you. If this happens, you must contact us immediately.
6. If you feel the repairs to your vehicle are unsatisfactory, you should discuss the problem with the repairer. If you are unable to reach agreement, then contact us.

If you have any problems during the period of your claim, please contact us and quote your claim number if you know it. We assure you of prompt attention to any queries you may have.

Your Privacy

The Privacy Act 1988 requires us to make the following disclosure before collecting personal information about you:

- We collect personal information in order to provide our broking services including assistance with insurance claims. We will ask you to supply personal information on this form so we can assist you to submit your insurance claim and have it considered by the insurer. We will disclose this information to the insurer for this purpose.
- If the personal information is not provided, the insurer may not be able to assess and pay the claim and we may not be able to assist with your claim.
- We and the insurer may disclose the personal information to other people involved in reviewing the claim, including reinsurers, other insurance intermediaries, the insurer's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process.
- By signing this form you consent to us and the parties mentioned above collecting, using and disclosing personal and sensitive information about you for the purposes described above. You understand that any personal and sensitive information disclosed to organisations located overseas may not be protected in the same way as it is in Australia. Even though we have no control over how the information will be used and disclosed, you consent to us disclosing your personal and sensitive information to those overseas organisations for the purposes described above.

Further information about how to access the personal information we hold about you, have it updated or corrected or how to make a complaint about how your personal information is collected or used is in our Privacy Policy on our website: www.ssaib.com.au

CONTACT US

You can contact our Privacy Officer using the details below:

Unit 1/212 Glen Osmond Road
Fullarton SA 5063

Phone (08) 8332 0281
Facsimile (08) 8332 0303
insurance@ssaains.com.au

1. Details of Policyholder

<p>Full Name & Address of Policy Holder</p> <input style="width: 95%; height: 20px; margin-bottom: 5px;" type="text"/> <input style="width: 95%; height: 20px; margin-bottom: 5px;" type="text"/> <input style="width: 95%; height: 20px; margin-bottom: 5px;" type="text"/> <input style="width: 95%; height: 20px; margin-bottom: 5px;" type="text"/>	<p>Occupation or Trade</p> <input style="width: 95%; height: 20px;" type="text"/>
	<p>Phone <input style="width: 150px; height: 20px;" type="text"/></p> <p>Mobile <input style="width: 150px; height: 20px;" type="text"/></p>
	<p>Email</p> <input style="width: 95%; height: 20px;" type="text"/>
<p>Insurer</p> <input style="width: 95%; height: 20px;" type="text"/>	<p>Policy Number <input style="width: 150px; height: 20px;" type="text"/></p> <p>Expiry Date <input style="width: 150px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/></p>
<p>For what purpose was the vehicle being used? <input type="checkbox"/> Business <input type="checkbox"/> Private</p>	

2. Insured Vehicle

<p>Make & Model</p> <input style="width: 95%; height: 20px;" type="text"/>	
<p>Body Type</p> <input style="width: 95%; height: 20px;" type="text"/>	<p>Year of Manufacture</p> <input style="width: 95%; height: 20px;" type="text"/>
<p>Registration No</p> <input style="width: 95%; height: 20px;" type="text"/>	<p>Engine No</p> <input style="width: 95%; height: 20px;" type="text"/>
<p>V.I.N. No</p> <input style="width: 95%; height: 20px;" type="text"/>	<p>Expiry Date of Registration <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/></p>
<p>Name & Address of Finance Company (if applicable)</p> <input style="width: 95%; height: 20px;" type="text"/>	
<p>Postcode</p> <input style="width: 150px; height: 20px;" type="text"/>	
<p>Have there been any engine, body or transmission modifications from the manufacturer's original specifications or any accessories added?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>If "Yes", please give details:</p> <input style="width: 95%; height: 20px; margin-bottom: 5px;" type="text"/> <input style="width: 95%; height: 20px; margin-bottom: 5px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>	

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

<p>Full Name & Address of Driver</p> <input style="width: 95%; height: 20px; margin-bottom: 5px;" type="text"/> <input style="width: 95%; height: 20px; margin-bottom: 5px;" type="text"/> <input style="width: 95%; height: 20px; margin-bottom: 5px;" type="text"/>	<p>Occupation</p> <input style="width: 95%; height: 20px;" type="text"/>
	<p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/></p>
<p>Drivers Licence No</p> <input style="width: 95%; height: 20px;" type="text"/>	<p>State of Issue</p> <input style="width: 95%; height: 20px;" type="text"/>
<p>How long has the driver held a motor vehicle drivers licence?</p> <p><input style="width: 150px; height: 20px;" type="text"/> Years</p>	<p>Expiry Date of Licence</p> <input style="width: 150px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/>
<p>Was the vehicle being used with the full knowledge and consent of the policyholder? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>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"/> Other</p>	
<p>If "Other", please describe: <input style="width: 550px; height: 20px;" type="text"/></p>	

Did the driver suffer any injury?

Yes No

If "Yes", was medical attention required?

Yes No

If "Yes", please state name and address of doctor or hospital:

Please indicate Insured Vehicle's speed immediately prior to accident

Stationary Under 30 Km/h 0-60 Km/h 60-80 Km/h 80-100 Km/h Over 100 Km/h

Please indicate Other Vehicle's speed immediately prior to accident

Stationary Under 30 Km/h 0-60 Km/h 60-80 Km/h 80-100 Km/h Over 100 Km/h

Was the vehicle towed from the scene of the accident?

Yes No

If "Yes", please give name of towing contractor?

Did you authorize this towing? Yes No

Where can the vehicle be inspected?

(If at a repairer's premises – name & address of repairer)

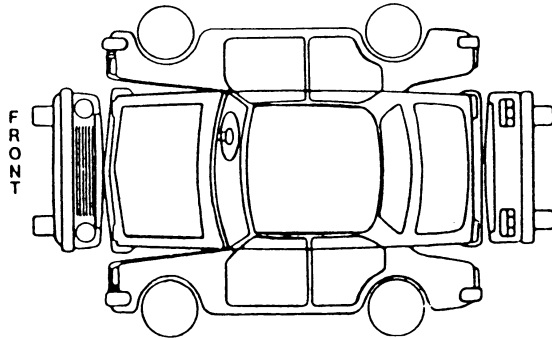
Phone

Estimated Cost of Repairs (incl Parts)

\$

Please indicate areas of damage to Insured Vehicle

Repair Quotation No:



6. Police

Date reported to Police / / Time reported to Police am / pm

Did the Police attend the accident? Yes No If "Yes", please state:

From which Police Station Name of Officer Report Number

Did the Police indicate which driver was at fault? Yes No If "Yes", please state:

Name of driver charged or cautioned Nature of charge or caution

7. Other Parties (please complete this section if any other vehicle or property involved)

Number of vehicles involved

Owners Name Licence Number Age yrs

Address Make & Model of Vehicle

Suburb Postcode Registration Number

Driver's Name

Address

Suburb

Postcode

Please give particulars of damage to other parties vehicle and/or property

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

8. Witnesses

Passengers in Insured Vehicle

Name 1

Address

Postcode

Name 2

Address

Name 3

Address

Postcode

Name 4

Address

Independent Witnesses

Name 1

Address

Postcode

Name 2

Address

Name 3

Address

Postcode

Name 4

Address

9. ABN Details

Are you a registered business?

Yes

No

What is your ABN number?

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 SSAA Insurance Brokers Pty Ltd 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

Policyholder's Signature

Date

Date