

1. General Information

Insured Name			
Address			
Phone Number		Email Address	
ABN		Input Tax Credit <i>(If it is unknown, please write "Unknown.")</i>	
Policy Number		Policy Expiry	

2. Insured Vehicle Details

Make & Model of Vehicle		Year of Manufacture	
Registration Number		Colour	
Do you owe money on the vehicle?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', please state the name and address of other interested party(ies):			
Was the vehicle being used for business or private use?		<input type="checkbox"/> Business	<input type="checkbox"/> Private

3. Driver Details

Driver's Name			
Address			
Phone Number		Email Address	
Date of Birth		How long has the driver been licensed to drive this type of vehicle? <i>(Years)</i>	
Licence #		Class	Expiry Date
Did the driver drink any alcohol or take any drugs in the 24 hours prior to the accident?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', please give details.			
Did the driver undergo a breath test, breath analysis or blood test?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', please give details including what was the reading and attach a copy of the certificate.			

4. Incident Details

Date of Incident Time of Incident # of vehicles
(AM/PM) involved

Where did the incident happen including the street, suburb and nearest cross street?

Were goods or merchandise being carried during the accident? ☐ Yes ☐ No

If 'Yes', state what and the approximate weight:

Describe fully how the accident occurred? *(Describe in detail the circumstances leading up to the accident and how the accident happened. It is important to be as accurate as you can).*

Sketch diagram of accident. Name the streets, indicate the direction of travel, note your vehicle with an 'X' and other vehicle with 'Y'.

5. Damage to Insured Vehicle

Are you claiming for the damage to your vehicle?

☐ Yes ☐ No

Was the vehicle towed?

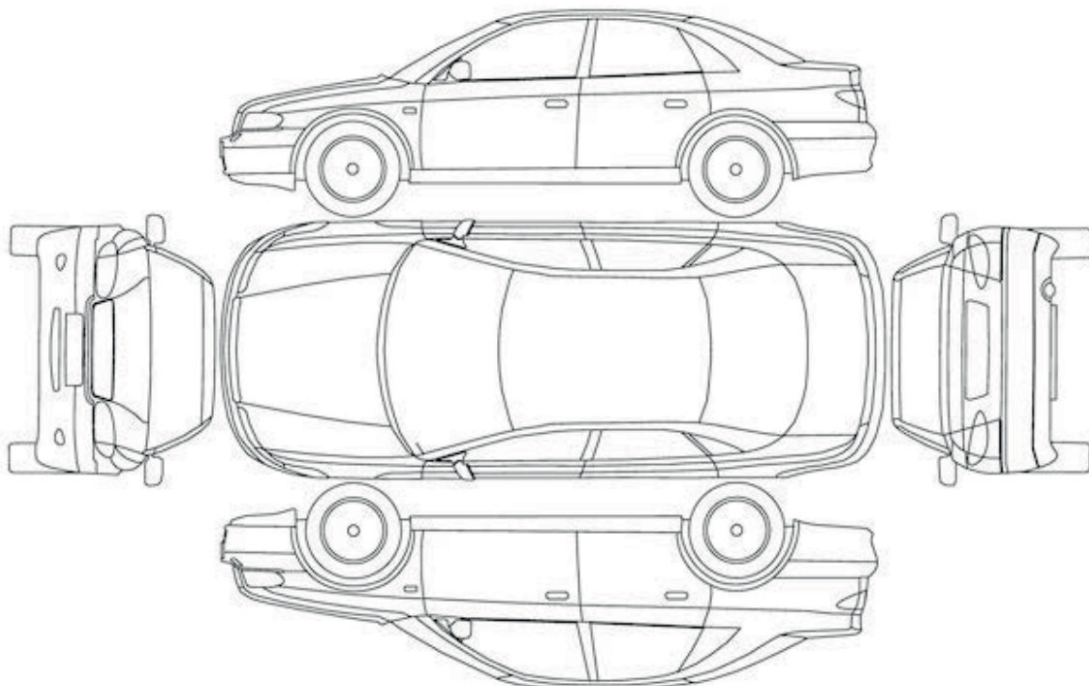
☐ Yes ☐ No

If 'Yes', please state the name of the towing company and business phone number.

Where was the vehicle towed to and what distance was it towed?

Where is the vehicle now? If it is at a mechanic or repairer, please state the name of the company and business phone number.

On this diagram, please shade the areas damaged to your vehicle in the incident and indicate the point of impact with 'X'.



6. Details of Third Party

Name	<input type="text"/>		
Address	<input type="text"/>		
Phone Number	<input type="text"/>	Email Address	<input type="text"/>
Date of the Incident	<input type="text"/>	Driver's License Number	<input type="text"/>
Licence #	<input type="text"/>	Class	<input type="text"/> Expiry Date <input type="text"/>

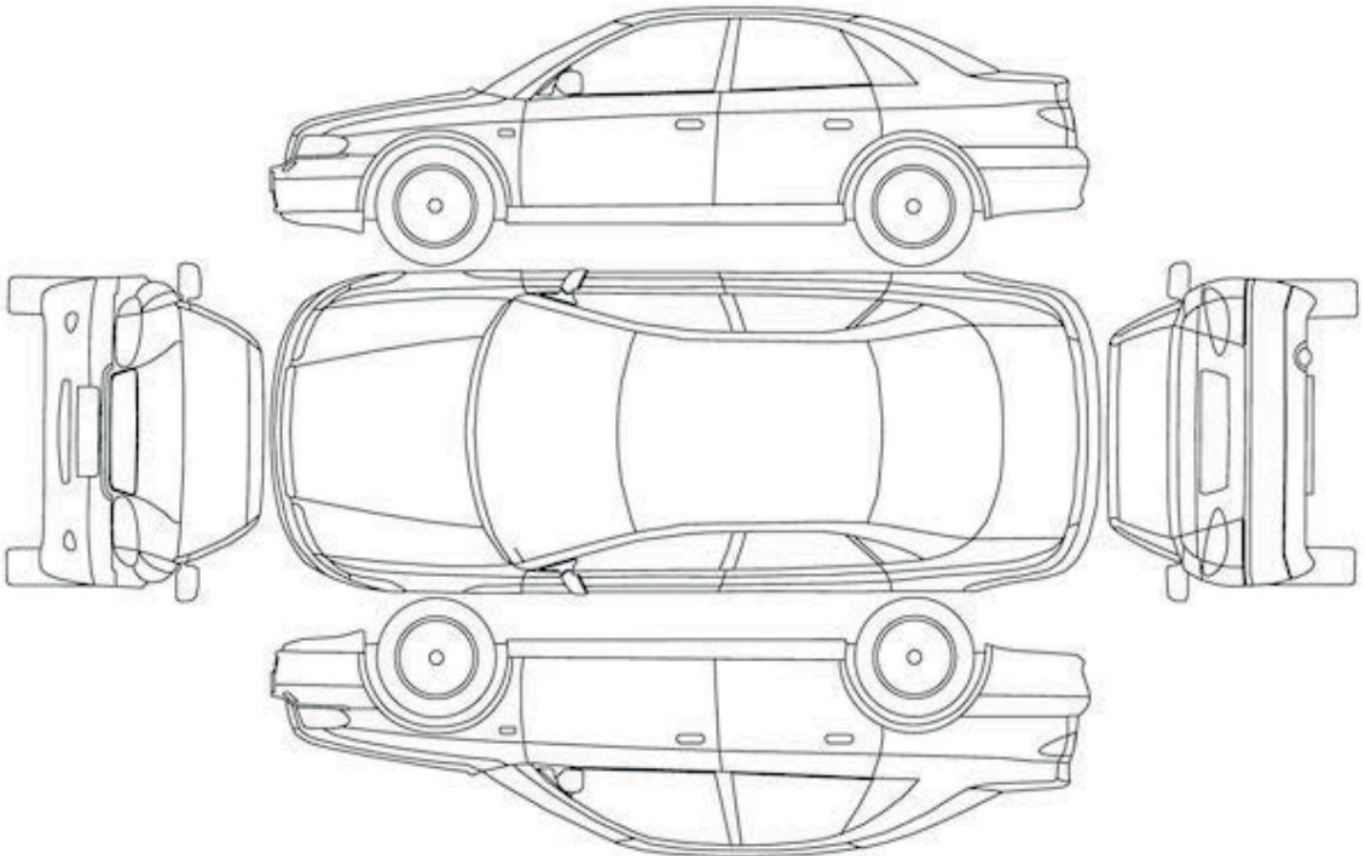
Was the owner in the vehicle at the time of the accident?

☐ Yes ☐ No*If there is more than 1 other vehicle involved, please attach details.*

Make & Model of Vehicle	<input type="text"/>	Type	<input type="text"/>
Other Vehicle's Registration Number	<input type="text"/>	Year of manufacture	<input type="text"/> Colour <input type="text"/>

Additional third-party details (if applicable):

Sketch diagram – shade in damage to the other vehicle. Indicate point of impact with 'X'.



7. Police

Did a police officer attend the accident scene?

☐ Yes ☐ No

OR did you report the incident to the police?

☐ Yes ☐ NoPolice Report
NumberDate of Incident
(dd/mm/yyyy)**8. Owner and Driver History**

In the last 5 years have you as owner or the driver of this vehicle:

(a) Had any insurance refused, declined or cancelled by an Insurer or any special conditions imposed? ☐ Yes ☐ No

(b) Been convicted or charged with:

- Drug use, driving under the influence, or exceeding the prescribed concentration of alcohol? ☐ Yes ☐ No
- Any driving offences or speeding infringements? ☐ Yes ☐ No
- Fraud, arson, theft or any other criminal act? ☐ Yes ☐ No

(c) Had a drivers or motorcycle licence cancelled, suspended or endorsed? ☐ Yes ☐ No(d) Had a claim or accident? ☐ Yes ☐ No

If you answered 'Yes' to any of the above questions, please provide relevant details including the name of the driver, date of the incident, details of each incident, your insurer and the person at fault.

9. Declaration

I/We declare that:

1. I/We the Insured do solemnly and sincerely declare that I/we have complied with the terms and conditions of the Policy and in no manner caused the said loss or damage or sought unjustly to benefit thereby by any fraud or wilful misrepresentation and that the information shown on this form is true and that I/we have not concealed any information relating to this claim.
2. I /We understand the claim may be refused or reduced if information is withheld.
3. I/We authorise the insurer to disclose information contained herein to their advisors, reinsurers and to other insurers. I/We authorise the Insurer to obtain from any other party information that is, in the insurer's view relevant to this claim.

NAME**TITLE****SIGNATURE****DATE**

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