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Telephone (02) 8272 4800 Facsimile (02) 9247 2411 Free Call 1800 252 263
Level 1, 210 George St Sydney NSW 2000



CLAIM FORM

Please complete all sections of the Claim Form clearly and forward to the Underwriters as soon as possible after the accident. No repairs or alterations to the damaged vehicle should be made until approved by the Underwriter. Please note that the issuance of this form should not be construed as admission of liability and is done so without prejudice.

INSURED	
Name of the Insured	
Trading Name	
Postal Address	
Phone Number/Private	Business Phone
Policy Number	

OTHER INTERESTED PARTIES	
Does any other party have any financial interest in the vehicle or trailer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Interested Party	
Address	Postcode

YOUR VEHICLE	
Make & Model	
Body Type	Reg. No.
Was there any unrepaired damage to the vehicle or trailer before the damage sustained in this incident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", please provide details	

THE JOURNEY	
State what vehicle(s) was carrying	
Weight of load	tonnes
Point of departure	Anticipated destination for the trip
Was the motor vehicle(s) being used with your knowledge and consent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please state the full name of the registered owner of the vehicle(s) if different from the insured	
Please attach a copy of the registration certificate.	

DAMAGE TO INSURED VEHICLE(S) No repairs or alterations to the damaged vehicle should be made until approved by the Underwriter.		
Where is the vehicle(s) now?		
Can the vehicle(s) be safely driven?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Where can the vehicle(s) be inspected? (Please state full address)		
Was vehicle(s) towed from scene of accident?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes", by whom?	Towing Cost \$	Please attach original invoices.

DRIVER (person in charge of vehicle at time of incident)		
Surname	First Names	
Address	Postcode	
Telephone No. (AH / Mobile)	(Business)	
Was the driver an employee of the owner?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "No", state the relationship to the owner		
If "Yes", date the driver was first employed by the owner		
Please attach a copy of the driver's motor vehicle licence		
If an employee was driving, was he/she acting within the scope of their employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
How long has the driver held a licence to drive this class of vehicle?	Years	

Have you or the driver:	(a) had a policy of insurance cancelled or declined, or increased premium imposed, or endorsed with special conditions so as to require you to carry any part of any loss?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(b) had a driver's licence suspended or cancelled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(c) been issued with any traffic infringement notices or been convicted of any traffic offences?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If "Yes" to any of the above, please give details	

ACCIDENT OR THEFT		
Date of accident/theft	Time	am/pm
Place where the accident occurred (or from where the vehicle was stolen)		
Street		
Suburb or Town		Postcode
How did the accident happen? Describe in detail the circumstances leading up to the accident. Do not hide any facts that may not be in your favour. Please attach a separate piece of paper if the space below is insufficient. Did you take photographs of the accident scene and the other vehicle? If so please attach.		
Estimate speed of insured's motor vehicle at time of accident	km/h	20 m from accident km/h
Was horn sounded or other warning or signal given:	By the driver	Yes <input type="checkbox"/> No <input type="checkbox"/>
	By the driver of the other vehicle	Yes <input type="checkbox"/> No <input type="checkbox"/>
On what side of the road was the insured vehicle being driven at time of accident?		
Estimate speed of other motor vehicle at time of accident	km/h	20 m from accident km/h
What was the condition of the road (wet, dry, rough or otherwise)?		
If the accident occurred after dusk:	(a) were lamps alight on your vehicle	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(b) were lamps alight on other vehicle	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(c) was roadway well lit	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was a trailer attached to your vehicle at time of accident?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you of the opinion that the accident was caused or contributed to by the fault or negligence of any person other than your driver?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Please state your reason for thinking so		

Please give a detailed statement of the circumstances of the accident as seen by the driver.
Please give details of conversation between your driver and the driver of the other vehicle immediately after the accident.

DETAILS OF OTHER VEHICLES INVOLVED IN ACCIDENT – VEHICLE No. 1	
Owner's Name	
Address	
Driver's Name	
Address	
Phone No.	Licence No.
Name of other party's Insurer	Policy No.
Registration No.	Type (i.e. taxi/truck or private car)
Make of vehicle	Colour
Number of persons in vehicle and their names	
Nature of damage to other party's vehicle or property	
Estimate \$	
Has any claim been made against you? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, for what amount? \$	
Please attach any correspondence received from the insurer or driver of the other vehicle.	

OTHER VEHICLE No. 2	
Owner's Name	
Address	
Driver's Name	
Address	
Phone No.	Licence No.
Name of other party's Insurer	Policy No.
Registration No.	Type (i.e. taxi/truck or private car)
Make of vehicle	Colour
Number of persons in vehicle and their names	
Nature of damage to other party's vehicle or property	
Estimate \$	
Has any claim been made against you? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, for what amount? \$	
Please attach any correspondence received from the insurer or driver of the other vehicle.	

If more than two other vehicles were involved provide details on a separate sheet of paper.

WITNESSES	
Name	Name
Address	Address
Phone No.	Phone No.

POLICE	
Did a Police Officer take particulars?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of the Police Officer	To which station is he/she attached?
Is Police action pending against either party?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, against whom, and what is the charge?	
Was a breathalyser or blood test administered (or refused)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, what was the reading (amount)?	If refused, why?

SKETCH PLAN OF ACCIDENT	
Please attach a separate piece of paper and sketch a picture of the accident. Indicate with arrows (→) the direction the vehicle was travelling and the name of the street.	
Insured's vehicle	Other party's vehicle
Mark point of impact with "X"	
Indicate north with an arrow	
Please supply a copy of your driver's diary for the 72 Hours prior to the accident and a copy of your driving history. You can obtain this from the local RTA office in the state which issued your licence.	

DECLARATION

I/we declare that to the best of my/our knowledge and belief the information in this form is correct and I/we have not withheld any relevant information.

I/we consent to JUA using personal information I/We have provided on this form for the purpose of processing my claim. I/We understand that if I/We choose not to provide the required details, this is my choice; however, JUA may not be able to process my claim.

Driver's Signature

Date

Insured's Signature

Date

COMPLAINTS AND DISPUTE RESOLUTION PROCESS

If You have any questions or concerns about Your insurance or the handling of a claim You should, in the first instance, refer Your complaint or dispute to the Compliance Officer JUA Underwriting Agency Pty Ltd.

Internal Dispute Resolution

If Your complaint is still not resolved to Your satisfaction then You may refer Your matter further by writing to either of Our Internal Dispute Resolution Committees (see contact details below).

Internal Dispute Resolution Committee
 International Insurance Company of Hannover Limited – Australian Branch.
 The Re Centre, Level 21
 264 George Street
 Sydney, NSW, 2000

Internal Dispute Resolution Committee
 TT Club Mutual Insurance Ltd
 Level 10,
 117 York Street,
 Sydney, NSW 2000

We will undertake to answer Your queries or complaints within fifteen (15) working days.