



JUA Underwriting Agency Pty Ltd
 ABN: 70 004 566 4654 AFSL 235411
 Locked Bag 11, ROYAL EXCHANGE NSW 1225
 Ph: (02) 8272 4800, Fax : (02) 9247 2411
 Web: jua.com.au

Underwriting Agency Pty Limited

TruckingSolutions – 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 insurance of this Form should not be construed as admission of liability and is done so without prejudice.

<u>INSURED</u>	
Name of the Insured	
Trading Name	
Postal Address	
Phone Number/Private	Business
Policy Number	Occupation

<u>OTHER INTERESTED PARTIES</u>	
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
Type of Interest	HP <input type="checkbox"/> Lease <input type="checkbox"/> P/Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Other <input type="checkbox"/>

<u>YOUR VEHICLE</u>	
Make & Model	
Body Type	Transmission Reg. No.
Engine Capacity	Engine No.
Tachograph fitted Yes <input type="checkbox"/> No <input type="checkbox"/>	Cruise Control fitted Yes <input type="checkbox"/> No <input type="checkbox"/>
Speed Limiter fitted Yes <input type="checkbox"/> No <input type="checkbox"/>	If “Yes”, what is the maximum speed? kmh
Has the vehicle or trailer been modified or converted from the manufacturer’s specification or fitted with accessories other than those supplied as the maker’s options? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If “Yes”, please provide details.	
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.	



Underwriting Agency Pty Limited

JUA Underwriting Agency Pty Ltd
 ABN: 70 004 566 4654 AFSL 235411
 Locked Bag 11, ROYAL EXCHANGE NSW 1225
 Ph: (02) 8272 4800, Fax : (02) 9247 2411
 Web: jua.com.au

TruckingSolutions – Claim Form

<u>THE JOURNEY</u>			
State what vehicle(s) was carrying			
Weight of load	tonnes		
Point of departure	Anticipated destination for the trip		
Your normal operating radius	Km		
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)			
Expiry date of current registration of vehicle(s)	Day	Month	Year
Please attaché a copy of the registration certificate.			

<u>DAMAGE TO INSURED VEHICLE(S)</u>		
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)		
What is the odometer reading of the vehicle?	km	
Have the tyres been damaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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.



Underwriting Agency Pty Limited

JUA Underwriting Agency Pty Ltd
 ABN: 70 004 566 4654 AFSL 235411
 Locked Bag 11, ROYAL EXCHANGE NSW 1225
 Ph: (02) 8272 4800, Fax : (02) 9247 2411
 Web: jua.com.au

TruckingSolutions – Claim Form

DRIVER (person in charge of vehicle at time of incident)		
Surname	First Names	
Address	Postcode	
Telephone No. Private	Business	
Occupation		
Date of Birth	Driver's Age Driving experience in this type of vehicle	Years
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 Employee was driving, was he/she acting within the scope of his/her employment?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the driver the holder of a current driver's licence?		Yes <input type="checkbox"/> No <input type="checkbox"/>
How long has the driver held a licence to drive this class of vehicle?		Years
Licence Number	Expiry Date	State of
Give particulars of all previous vehicle accidents in which the driver was involved.		

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.



Underwriting Agency Pty Limited

JUA Underwriting Agency Pty Ltd
 ABN: 70 004 566 4654 AFSL 235411
 Locked Bag 11, ROYAL EXCHANGE NSW 1225
 Ph: (02) 8272 4800, Fax : (02) 9247 2411
 Web: jua.com.au

TruckingSolutions – Claim Form

<u>ACCIDENT</u>		
Date of accident/theft	Time	am/pm
Place where the accident occurred (or vehicle 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	20 m from accident	kmh
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?		
State width of road on which accident occurred		
Estimate speed of other motor vehicle at time of accident	20 m from accident	kmh
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 road well lighted	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.		



Underwriting Agency Pty Limited

JUA Underwriting Agency Pty Ltd
ABN: 70 004 566 4654 AFSL 235411
Locked Bag 11, ROYAL EXCHANGE NSW 1225
Ph: (02) 8272 4800, Fax : (02) 9247 2411
Web: jua.com.au

TruckingSolutions – Claim Form

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
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
Was the owner in the vehicle at time of the accident or was the vehicle being used in his business? Yes No
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, either for damage or other vehicle or to property? Yes No
If so, for what amount? \$
Please attach any correspondence received from the insurer or driver of the other vehicle.



Underwriting Agency Pty Limited

JUA Underwriting Agency Pty Ltd
 ABN: 70 004 566 4654 AFSL 235411
 Locked Bag 11, ROYAL EXCHANGE NSW 1225
 Ph: (02) 8272 4800, Fax : (02) 9247 2411
 Web: jua.com.au

TruckingSolutions – Claim Form

<u>OTHER VEHICLE No 2</u>	
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
Was the owner in the vehicle at time of the accident or was the vehicle being used in his business? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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, either for damage or other vehicle or to property? 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.	

<u>WITNESSES</u>	
In insured vehicle	Independent
Name	
Address	
Phone No.	



Underwriting Agency Pty Limited

JUA Underwriting Agency Pty Ltd
ABN: 70 004 566 4654 AFSL 235411
Locked Bag 11, ROYAL EXCHANGE NSW 1225
Ph: (02) 8272 4800, Fax : (02) 9247 2411
Web: jua.com.au

TruckingSolutions – Claim Form

POLICE
Did a Police Officer take particulars? Yes [] No []
Name of the Police Officer To which station is he/she attached?
Is Police action pending against either party? Yes [] No []
If so, against whom, and what is the charge?
Was a breathalyser or blood test administered (or refused) Yes [] No []
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 II Mark point of impact with “X”
Indicate North with an arrow
Please supply a copy of your Log Book for the last 72 Hours and a copy of your driving history. This maybe obtained 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 true and correct and I/We have not withheld any relevant information.

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

Driver’s Signature

Date

Insured’s Signature

Date