



Transport

*HDI Global Specialty SE - Australia Motor
Vehicle Accident Claim Form*

VHDI0121

Important Notices

PEN UNDERWRITING PTY LTD
ABN 89 113 929 516 AFSL 290518

Please send your completed Claim Form to

Pen Motor Claims

HDI Global Specialty SE - Australia

Suite 40.03, Level 40

Tower 1, 100 Barangaroo Avenue

HGS_PenMotorClaims@hdi-specialty.com

Telephone: 1300 198 587

*Your Insurer's details are set out in the Product Disclosure Statement and your Schedule

PRIVACY

In this Statement dealing with Privacy, "We", "Our" and "Us" refers to both Pen Underwriting and HDI Global Specialty SE - Australia.

We handle Your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about You to provide You with insurance and insurance related services. We may disclose Your personal information to third parties for the purposes described in Our Privacy Policy(ies), including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United States of America, United Kingdom, Singapore, Germany, Sweden and India.

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Instructions

Please download and save this PDF to your desktop and open via Adobe Acrobat to fill out digitally. Filling the form out in your browser will not save your answers.

Please read this Claim Form fully prior to answering the questions.

- Refer to the Policy Wording for details of coverage and conditions applicable to claims.
- If there is insufficient space in this Form, provide further details on your letterhead.
- Attach all relevant documentation.

Policy Number

Claim Number (if known)

.....

.....

Type of claim: ☐ Accidental Damage ☐ Fire ☐ Theft ☐ Death or injury ☐ Other – Please specify:

1. Particulars of Insured

- (a) Name(s) of Insured:
- (b) For claim settlement purposes (in accordance with GST Legislation) please advise your:
- (i) Registered Business Name for this policy:
- (ii) ABN Number:
- (iii) Input Tax Credit entitlement:%
- (c) Address of Insured:
- (d) Contact Person /name:
- (e) Telephone: Day: Night: Mobile:
- (f) In whose name is the vehicle registered?
- (g) Is there a Finance/Leasing Company involved? ☐ Yes ☐ No
- If **Yes**, please advise
- (i) Name:
- (ii) Address:
- (iii) Vehicle of their interest:
- (h) Has a previous Insurer ever declined or cancelled insurance or refused to renew insurance or imposed special terms on the cover provided for this Insured or any previous Insured entity of which you were a Director, owner or had control or influence over: ☐ Yes ☐ No
- If **Yes**, please provide details:
-
-
-
-

2. Driver Details

- (a) Driver Name:
 Telephone: Day:..... Night:..... Mobile:.....
- (b) Date of Birth:
- (c) Address:
- (d) Are you the permanent / regular driver? ☐ Yes ☐ No
- (e) Driver's Licence No:
- (f) State of Issue: Expiry date:
- (g) Classes held:
- (h) How many years have you been licensed to drive this type of vehicle?
- (i) The driver's relationship to the Insured is: ☐ Permanent ☐ Casual ☐ Employee ☐ Contract driver
- (j) Was the owner's consent given for this driver to be in charge of this Vehicle/s? ☐ Yes ☐ No
- (k) Did the driver:
- (i) consume any intoxicating liquor or drugs during the 12 hours prior to the accident? ☐ Yes ☐ No
- (ii) have a drug or alcohol blood, breath or urine test after the accident? ☐ Yes ☐ No
- If **Yes**, what were the results?
- (l) Has the driver been involved in any other motor vehicle accident during the last five (5) years? ☐ Yes ☐ No
- If **Yes**, please provide details:
-

3. Insured Vehicle Details

Prime Mover / Rigid or other main vehicles			
Make		Model / Series	
Year of Manufacture		Registration Number	
Type of Body			
Engine Number			
Engine output in BHP:			
Usage – Total Hours or KM Travelled			
Engine type / make			

At the time of the accident, was the vehicle:

- (a) Let on Hire ☐ Yes ☐ No
- (b) Being used to carry fare-paying passengers? ☐ Yes ☐ No

Trailer A			
Trailer Type/s			
Chassis / VIN No		Manufacturer Brand	
Year of Manufacture		Registration Number	
Trailer B			
Trailer Type/s			
Chassis / VIN No		Manufacturer Brand	
Year of Manufacture		Registration Number	

(c) Load carried at the time of accident:

Attach copies of manifest for load and weight dockets.

(d) State GVM at time of accident:

Attach copies of permits if over dimensional.

(e) Has the Prime mover or Rigid Vehicle or trailers or engine been modified in any way? ☐ Yes ☐ No

If **Yes**, please provide details:

.....

4. The Accident

(a) Street / Nearest Town:

(b) Suburb:

(c) State:

(d) Time accident occurred: am/pm

(e) Date accident occurred:

5. Driver's statement of how the accident occurred

(a) I was driving:

From:

To:

(b) The purpose of the journey was:

.....

(c) Description of the accident:

.....

(d) Who do you think was responsible for the accident?

(e) What is your reason for thinking so?

.....


6. Road surface and Conditions


- (a) Was the road: ☐ Gravel ☐ Sealed ☐ Other – Please specify
- (b) Was the road: ☐ Level ☐ On grade ☐ Hill crest ☐ Other – Please specify
- (c) Was it: ☐ Wet ☐ Dry ☐ Muddy ☐ Other – Please specify
- (d) Light Conditions: ☐ Daylight ☐ Darkness – Street lighted ☐ Darkness – Street not lit
☐ Half-light ☐ Other – Please specify
- (e) What Speed was the driver travelling at:kms / hour


7. Please provide a diagram of the accident


Show positions of vehicles, persons or obstacles, if possible mark names and width of roads and any road signs.


(Symbols for Plan)

Street Intersection 


Curved Street 


Persons 


Your Vehicle 


Other Vehicle 


(Directions of travel indicated by arrow in symbol)


Parked Vehicle 


Tram/Rail Tracks 

Stop signs 

Give way signs 

Traffic Light 

Pedestrian Crossing 

Priority Road 

8. Details of other Vehicle and or Property damaged

- (a) Details / type of other vehicle or property:
- (b) Registration Number:
- (c) State of Registration:
- (d) Insurance Company of other vehicle/s or property:

9. Driver or owner details for Other Vehicle involved

If more than one other vehicle is involved, please attach a separate page with the following information for each other vehicle

(a) Was the driver the owner of the vehicle? ☐ Yes ☐ No

If **No**, please provide the owners:

(i) Name:

(ii) Address:

(iii) Contact phone number:

(b) Name of the driver (if different to owner):

(c) Address:

(d) Contact phone number:

(e) Driver's Licence number:

(f) Did the driver of this other Vehicle have a drug/ alcohol breath test at the accident scene? ☐ Yes ☐ No

10. Details of any Injured Person

If more than one injured person, please attach a separate page with the following information for each injured person

(a) Name:

(b) Address:

(c) Age:

(d) Contact phone number:

(e) Relationship to Insured:

(f) Nature of Injuries:

(g) Was the injured person: ☐ Occupant of your Vehicle ☐ Occupant of other Vehicle ☐ Other

11. Damage to or Loss of Your vehicle

(a) Where is the vehicle now?

(b) Was the vehicle towed? ☐ Yes ☐ No

(c) Describe the extent of damage to your vehicle/s:

12. Police Details

Did the police attend the accident scene? ☐ Yes ☐ No

If **Yes**,

(a) Please provide police officers name and station:

(b) Event Number:

13. Witness details

(a) Name of witness:

(b) Address:

(c) Contact number:

(d) Was the witness a: ☐ Occupant of your vehicle ☐ Occupant of other vehicle ☐ Pedestrian

If more than one witness, please attach a page with this same information for each witness.

Please indicate if the following attachments are included with this Claim Form

- | | |
|--|------------------------------|
| - A legible copy of the Driver's License | <input type="checkbox"/> Yes |
| - Manifest documents of load and weight | <input type="checkbox"/> Yes |
| - Over Dimensional Permits | <input type="checkbox"/> Yes |

DECLARATION

I/We declare that:

- I have read and understood the Important Notices in this Form.
- The answers and information provided are true and correct.

Signature:.....

Date:

Full Name:.....

Title: