



ALS INSURANCE
SOLUTIONS

Motor Vehicle
Claim Form



Insured Details

Policy Number	
Insured / Business Name	
ABN	

Drivers Details

Full Name	
Contact Number	
Date of Birth	
License Number	
License Expiry	
Type of License (Car/MC/HC/HR etc)	
Has Driver Had His License for More Than 2 Years?	
Had The Driver Had Any Drugs Or Alcohol Consumed 12 Hours Prior To The Accident?	

Insured Vehicle Details

Year		Make		Model		Rego	
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Accident Details

Date			
Time			
Weather Conditions			
Speed Limit at Collision Site		Your Speed at Time Of Accident	
Exact Location of Accident (Include Suburbs & Post Code)			

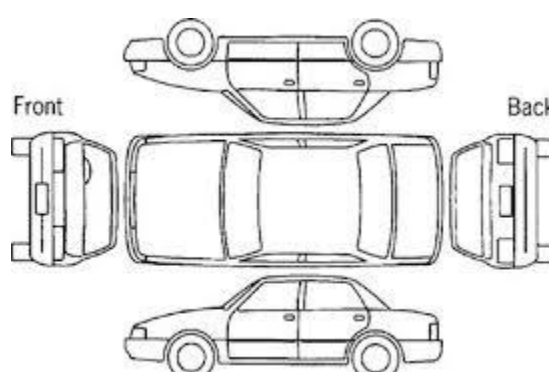
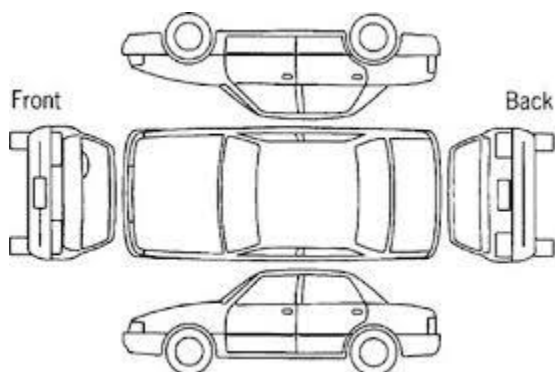
Description Of Accident / Incident

Large empty text area for describing the accident or incident.

Vehicle Damage (Mark All Damage With "X")

Insured Vehicle

Third Party Vehicle





Description of Vehicle Damage

Describe Insured Vehicle Damage			
Is the Vehicle Currently Drivable			
Was the Vehicle Towed			
Name of Towing Company			
Phone Number of Towing Company		Towing Cost \$	
Current Location of Vehicle			
Has the Vehicle Been Repaired			

Third Party Details

Full Name			
Address			
Phone Number			
Date of Birth			
License Number			
License Expiry			

Third Party Vehicle Details

Year		Make		Model		Rego	
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Witness Details

Name			
Phone Number			

Accident Site Plan

Please Sketch a scene of collision.
Show all traffic lights, stop and give way signs, intersections and all other vehicles involved.