



## Accident Claim Form

### COMPLAINTS PROCEDURE

**Enthusiast Underwriting Pty Ltd** is a member of the Australian Financial Complaints Authority. This independent service is provided to the insuring public at no cost and aims to resolve claims complaints quickly and informally. In the unlikely event of a complaint arising, you should contact your local Enthusiast manager on 1800 10 10 44. In most cases the problem will be resolved easily. If you are not satisfied with the response given by your local Enthusiast manager you may contact our Enthusiast Internal Dispute Resolution Committee for advice and assistance in resolving your claim. You may also wish to direct your concerns to the Compliance Officer of Assetinsure Pty Ltd on (02) 9251 8055 or [complaints@assetinsure.com.au](mailto:complaints@assetinsure.com.au).

If you remain dissatisfied with a decision made by our Internal Dispute Resolution Committee, the matter may be referred to the Australian Financial Complaints Authority for their independent ruling, provided the matter falls within their jurisdiction

#### Australian Financial Complaints Authority (AFCA)

Phone: 1800 931 678 (free call)  
Post: GPO Box 3, Melbourne Vic 3001  
Website: [www.afca.org.au](http://www.afca.org.au)  
Email: [info@afca.org.au](mailto:info@afca.org.au)

#### Privacy Statement

Assetinsure Pty Ltd is committed to safeguarding and protecting the privacy of personal information. We are bound by the provisions of the Privacy Act 1988 which sets out the standards to be met in the collection, holding, use and disclosure of personal information.

We are collecting the personal information requested to determine whether and on what terms we might issue you an insurance policy or to manage a claim in relation to an insurance policy you have with us. If you don't provide all the information requested, the main consequence is that we may not be able to issue you with a policy or pay your claim.

We may use your personal information for other purposes if you consent. This may also be the case in other limited circumstances permitted under the Privacy Act 1988, such as where you would reasonably expect us to do so and/or the other purpose is related to the purpose for which we collected the information.

In some circumstances, we may collect your personal information from another person or another source. This will only be where it is unreasonable or impracticable for us to collect it directly from you or you would expect us to collect the information from the nominated third party. For example, where you authorise a representative, e.g. an insurance broker, a financial planner, a legal services provider, an agent or carer providing services to you to deal with us on your behalf.

In issuing and/or managing your policy or claim we may need to disclose your personal information to, another insurer, our reinsurers, an insurance broker, our legal providers, our accountants, loss investigators or adjusters, anyone acting as your agent or regulatory bodies. We will only do so if it is reasonably necessary for, or directly related to the issuing or managing your insurance policy or claim.

In disclosing your personal information to one of these parties it may be necessary to disclose your information overseas. The countries these parties usually operate in are, the USA, Canada, Bermuda, Europe (including the United Kingdom), parts of Asia, including but not limited to Singapore, Hong Kong and India. If we disclose the information overseas you should be aware that the overseas entity is not bound by the Privacy Act 1988 and so you would not be able to seek redress against them under the Privacy Act 1988. There may be no similar privacy law to the Privacy Act 1988 in the overseas party's country and you may also not be able to seek redress under the laws in the party's country. Assetinsure has sought written agreement from its overseas business partners that they will handle personal information in accordance with Assetinsure's Privacy Policy.

By signing the proposal or claim form you expressly consent to us using your personal information in any of the manners detailed above. You also consent to us searching publicly available information that contains your personal information for the purposes of considering a proposal, paying a claim or any other purpose in connection with a policy we provide to you.

Our Privacy Policy is available at [www.assetinsure.com.au](http://www.assetinsure.com.au). Our Privacy Policy sets out details of how you can access (and if necessary correct) the personal information we hold about you. It also sets out how and to whom you might complain about a breach of Privacy Law.

If you require any other information regarding Privacy please contact; The Privacy Officer, by post at Assetinsure Pty Ltd, Level 21, 45 Clarence Street, Sydney NSW 2000, by e-mail at [privacy@assetinsure.com.au](mailto:privacy@assetinsure.com.au) or phone (02) 8274 2898

#### General Insurance Code of Practice

Assetinsure has adopted the General Insurance Code of Practice which stipulates the minimum standards of service to our clients. If you would like further information in regard to the code of practice please refer to the Code of Practice Website – [www.codeofpractice.com.au](http://www.codeofpractice.com.au) or our own website – [www.assetinsure.com.au/interest.asp](http://www.assetinsure.com.au/interest.asp).

#### Enthusiast Claims

Phone: 1800 10 10 45  
Post: PO Box R299, Sydney NSW 1225  
Email: [claims@enthusiast.com.au](mailto:claims@enthusiast.com.au)

Enthusiast Underwriting Pty Ltd ABN 35 142 206 746



## Accident Claim Form

For prompt claims service this form must be returned to Enthusiast Underwriting, with all questions answered. Please print your answers and  where appropriate. This form is issued to enable the insured to lodge a written statement of claim. It does not constitute an admission of liability on behalf of Enthusiast Underwriting or Assetinsure.

### IMPORTANT NOTICE

- Please read the claim form fully before answering the questions
- Please answer all questions relating to your claim as fully as possible. Please add additional pages if space is insufficient (e.g. a word document).
- We may contact you for further information or to appoint a loss adjustor (assessor)
- Generally we will have repairs authorised and paid for following assessment of the damage

### ACCIDENTS INVOLVING OTHER VEHICLES – PLEASE NOTE

- **If anyone holds you responsible for their accident/ injury, DO NOT admit liability. Insist their claim must be in writing.**
- Please refer any third party involved to Enthusiast Underwriting Pty Ltd if they contact you about a claim.
- Please forward any writ. Summons, demand letter or any correspondence received from a law firm to Enthusiast Underwriting Pty Ltd.

### Claim Number – OFFICE USE ONLY

## 1. Policy Holder Details

Name / Business Name

Policy Number – ENT

Policy Period From / / 20 to / / 20

Address

Suburb

State

Postcode

Phone (Home)

Phone (Work)

Phone (Mobile)

Fax

Email

Occupation

## 2. Person to be Contacted

Name

Address

Suburb

State

Postcode

Phone (Work)

Phone (Mobile)

Fax

Email



## Accident Claim Form

### 3. Insured Vehicle

#### Vehicle Details

Name of Registered Owner

Registration Number

VIN

Engine Number

Make

Model

Year

Odometer Reading

Expiry Date of Registration   /   / 20

Body Type

Colour

**Has the vehicle been modified or converted from manufacturers' specification?**

Yes  No

If yes and details have not already been provided, please list below

**Has the vehicle been fitted with accessories other than from the manufacturer?**

Yes  No

If yes and details have not already been provided, please list below

**Was there any unrepaired damage prior to the accident?**

Yes  No

Please describe

**When was the vehicle purchased?**

Date   /   /

Amount paid \$

**Is the vehicle under finance?**

Yes  No

If yes, please give details (if not already advised to us)

Name of financier

Amount outstanding \$

**For what purpose was the vehicle being used at the time of the accident**

Private  Business  Restricted/Historic  Nominated annual distance driven

Laid Up/Restoration  Recreational

**Was any other insurance (other than Compulsory Third Party Insurance) in force on the vehicle at the time of the collision?**

Yes  No

If Yes, what is the name of the company



## Accident Claim Form

### 4. Person in charge of the vehicle at the time of the accident

Name		Date of birth						
		□□	/	□□	/	□□	□□	□□
Address								
Suburb			State			Postcode		
Phone (Home)			Phone (Mobile)					
Licence Number			State of Issue					
Date Issued			/			20		
□□	□□	/	□□	□□	/	20	□□	□□
Class of Licence			Relationship to the insured					

**Has the driver had an insurance policy cancelled, declined or renewal refused or higher excess imposed in the past 5 years?** Yes  No

If yes, please list below

**Has the driver been convicted of any traffic offences in the past 5 years?** Yes  No

If yes, please list below

**Has the driver had their licence suspended in the past 5 years (except for unpaid parking fines)?** Yes  No

If yes, please list below

**Has the driver been involved in a car accident in the past 5 years?** Yes  No

If yes, please list below

**Has the driver made a motor vehicle claim in the past 5 years?** Yes  No

If yes, please list below

**Has the driver consumed any alcohol, drugs or medication that day?** Yes  No

If Yes, how long before the collision?  hours

**Type of Alcohol, drugs or medication?**

**Quantity consumed**

**Has the vehicle been involved in any previous unclaimed incidents (theft/accident)?** Yes  No

If yes, please list below

**Accident Claim Form****5. Details of the accident**

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**When did the accident Happen?**

Day

Date  /  / 20

Time

am/pm

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**Where did the accident happen?**

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**What were the road conditions at the time?**

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**What were the weather conditions at the time?**

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**Who do you consider to be at fault for the accident?**

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**Did either driver admit fault?**Yes  No 

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**If yes, your driver?** Yes  No **The other driver?** Yes  No 

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**How did the collision happen?**

Describe in detail the circumstances leading up to the collision and how it happened. It is important to be as accurate as you can, Do not hide any facts or circumstances which may not be in your favour.



## Accident Claim Form

**Was the vehicle in a driveable condition?** Yes  No

**Was it towed from the scene?** Yes  No

**Where can the vehicle be inspected?**

**Name of repairer**

Address

Suburb	State	Postcode
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Phone	Fax
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Email

**Have you obtained a quote for repairs?** Yes  No  Amount

Attached to this claim form are templates to add a map of the collision scene and a diagram to show where your vehicle and the other vehicle are damaged. This will need to be printed and the diagrams completed by hand and either, mailed, or emailed to us.

### 6. Was any other vehicle or property damaged? (if yes complete the relevant section)

**Details of other Vehicle** (if more than one vehicle involved, provide separate sheet)

Registration Number	Make
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Model	
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Drivers Surname	Given name/s
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Approx Age	Licence Number
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Address

Suburb	State	Postcode
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Phone (Home)	Phone (Work)
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Phone (Mobile)	Email
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**Owners Name** (if not the driver)

Address

Suburb	State	Postcode
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Other vehicle insured with?	Policy Number
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## Accident Claim Form

### Details of Other Property (fence, building etc.)

Owners Name

Address

Suburb

State

Postcode

Phone (Home)

Phone (Work)

Phone (Mobile)

Email

### 7. Witnesses (if space insufficient attach separate sheet)

**Were there any witnesses to the collision?**

Yes  No

Name of Witness

Address

Suburb

State

Postcode

#### Type of witness

Passenger in your vehicle    Passenger in other vehicle    Independent eye witness

Phone (Home)

Phone (Work)

Phone (Mobile)

Email

### 8. Police (Please attach the police report to this claim form)

**Were the police advised of the accident?**

Yes  No

**Did the police attend?**

Yes  No

Which police station was the accident reported?

Date   /   /

Police Report Number

Name of the officer?

**Are charges expected to be laid?**

Yes  No

If yes, against who?

**Accident Claim Form****9. Goods and Services Tax**

(to ensure you do not incur any unnecessary GST liabilities on this claim complete these details)

**Are you registered for GST purposes?**Yes  No 

What is your ABN?

**Have you claimed or are you entitled to claim an Input Tax Credit for the GST applicable to the policy Premium?**Yes  No Please specify your percentage entitlement  %**10. Electronic Funds Transfer** (settlement of your claim may involve a cash settlement.)

Please complete the following if you require an EFT payment)

Account Name

Name of Bank

BSB

Account Number

**IMPORTANT DECLARATION - (PLEASE READ BEFORE SIGNING)**

On behalf of the insured, I declare the above answers to be true and correct in every particular and acknowledge that Enthusiast Underwriting Pty Ltd and Assetinsure Pty Ltd may make their decision on indemnity having regard to these answers.

I consent to Enthusiast Underwriting Pty Ltd and Assetinsure Pty Ltd using the personal information which I have provided on this form for the purposes of processing this claim. I understand that if I choose not to provide the required details, Enthusiast Underwriting Pty Ltd and Assetinsure Pty Ltd may not be able to process this claim.

I consent to Enthusiast Underwriting Pty Ltd and Assetinsure Pty Ltd disclosing my personal information to other insurers, an insurance reference service, or as required by law. I also consent to Enthusiast Underwriting Pty Ltd and Assetinsure Pty Ltd disclosing my personal information to, and/or collecting information about me, from third parties such as investigators or legal advisers. Where I have provided information about another individual (for example an employee or client), I declare that the individual has or will be made aware of that fact.

If you accept this statement tick the box and complete the fields below.

 **I accept the above statement**Name Date  /  / 20 On behalf of  The Insured





**Accident Claim Form**









The last page of this form must be printed and completed by hand.

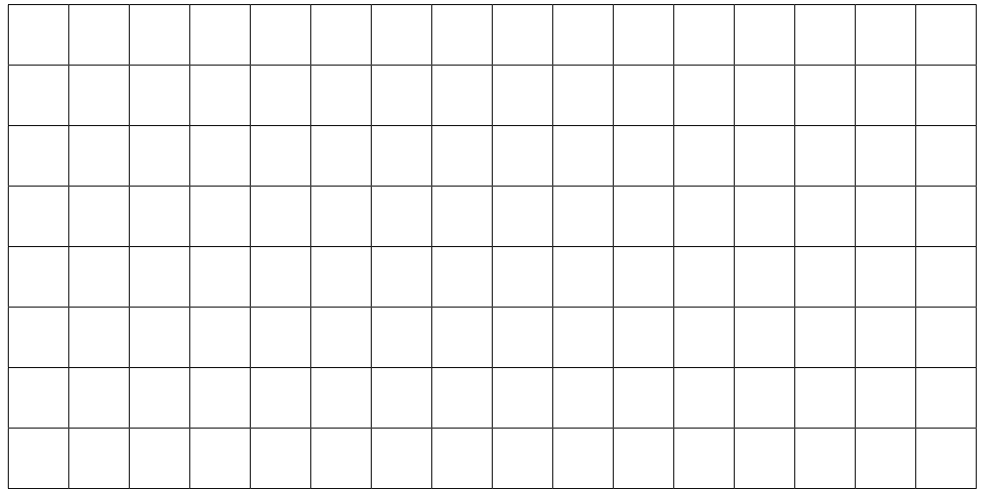
Name	Policy Number
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**Map of Accident scene**

Please Draw a diagram showing streets, position of vehicles. Direction of travel. Etc. Show North by arrow

**Symbols**

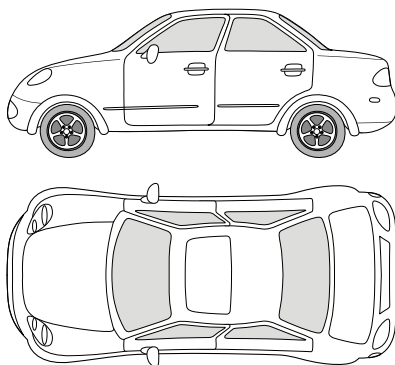
- Your vehicle 
- Other vehicle(s) 
- Lane arrows 
- Stop sign 
- Street intersection 
- Give way sign 
- Curved street 
- Traffic lights 



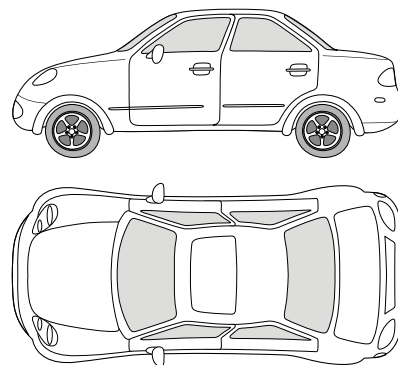
**Damage to the insured vehicle**

On the diagrams show the impact point by an X and the damaged areas by shading

**Your vehicle**



**Other vehicle**



If there is any additional information you consider necessary please write it here.

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