



# MOTOR VEHICLE CLAIM FORM

(The issue of this form is not an admission of liability)  
This form should be completed and forwarded to – **motorclaims@lgiswa.com.au**  
Please tick boxes where appropriate

## 1. MEMBER DETAILS

Name of member:

Contact name:

Postal address:

State:  Postcode:

Telephone: (  )  Facsimile: (  )

Email Address:

## 2. CLAIM DECLARATION

I wish to report this accident, but do not want to claim against the Protection Policy at this time.

I submit this information in support of a formal claim against our Protection Policy.

## 3. ACCIDENT DETAILS

Date of Event:  Time:

Address where event occurred:  Suburb:  State:  Postcode:

Brief Description of accident:


Was the accident your fault? Yes  No

If YES, give reasons:




If YES, did you admit liability? Yes  No

If NO, did the other driver admit liability? Yes  No

Indicate your speed prior to collision:  Kms/hr Estimated speed of the other vehicle:  Kms/hr

What was the road surface like? Wet  Dry  Rough

What were the weather conditions? Sunny  Raining  Overcast  Other

Traffic Controls: None  Traffic Lights  Give Way Sign  Stop Sign  Roundabout  Other

Number of vehicles involved (including own vehicle):

### 4. MEMBERS VEHICLE DETAILS

Give details of your vehicle involved in the accident:

Reg. No.	Year	Make (e.g. Toyota)	Model (e.g. Camry)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Registered Owner		Purchase Date	Price \$
<input type="text"/>		<input type="text"/>	<input type="text"/>

Does any other party have an interest (financial or other) in the vehicle? Yes  No

If YES, Provide details:

Is the vehicle not owned by the Member but being used for work purposes? Yes  No

If YES, Provide details:

### 5. MEMBERS DRIVER DETAILS

Who was the driver at the time of the accident?

Was the driver one of the owners? Yes  No

Address of Driver:  State  Postcode

Date of Birth:  Telephone: (  )  Mobile:

Email Address:

Licence details of the Driver **Please provide a copy of the driver's current licence**

Type of licence: Full  Probationary  Learners

Licence No.	Class	Expiry Date	Years Held
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Was alcohol, drugs, medication consumed by the driver in the 12 hours prior to the accident?    Yes                       No

If YES, state quantity:

Was a breath analysis / blood test taken?                      Yes                       No

If YES, what type?                      Full Breathalyser                       Alco Test                       Blood Test

What was the reading?

**Please note that the analysis statement must be produced**

Was this accident reported to the police?                      Yes                       No

Did the police attend the scene?                      Yes                       No

Police Station:                       Police Report No:

Was the driver of your vehicle taken to hospital?                      Yes                       No

Is the driver a Bushfire Brigade Volunteer?                      Yes                       No

If YES, please also complete the separate Property Bushfire Claim Form.

## 6. OTHER PARTIES

Do you believe another party to blame for the loss or damage?                      Yes                       No

If YES, who?

In your opinion, why?

Have you received or do you anticipate receiving notice of any claim from or on behalf of any Third Parties?    Yes                       No

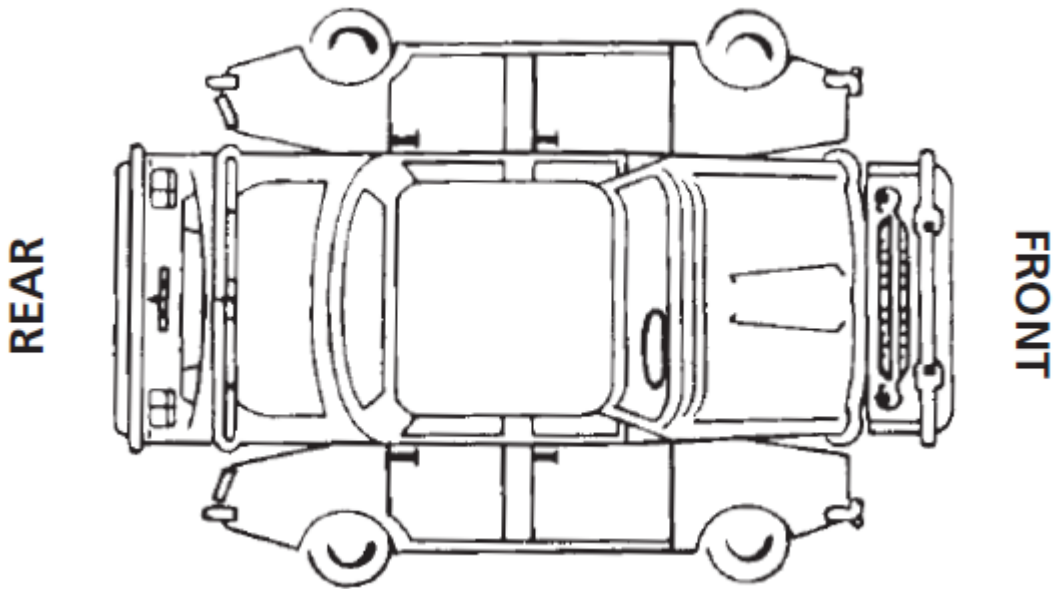
## 7. VEHICLE DAMAGE

**YOUR Vehicle Damage**

Are you claiming for damages to your vehicle?                      Yes                       No

Describe briefly the areas of damage sustained to your vehicle as a result of the accident:


Please show the damaged areas to your vehicle on the following diagram



Was the vehicle towed after the accident? Yes  No

If YES, please give towing and repair details.

Towed By:  Repairer:

Where is the vehicle now?

## 8. OTHER VEHICLE DETAILS

If other vehicles were involved in the accident, provide the following details:

Registered Owners Details					
	Surname	Given Names	Address	Post Code	Telephone No.
1.					
2.					
3.					

Driver Details					
	Surname	Given Names	Address	Post Code	Telephone No.
1.					
2.					
3.					

Vehicle Details					
	Reg. No.	Year	Make (e.g. Toyota)	Model (e.g. Camry)	Insurance Company
1.					
2.					

3.				
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Was anyone other party injured in the accident?      Yes       No

If YES, please provide details, i.e. which vehicle, etc      :

### 9. WITNESS DETAILS

Did any independent person(s) witness the accident?      Yes       No

If YES, give details below:

Witness 1				
Surname	Given Names	Address	Postcode	Contact No.

Witness 2				
Surname	Given Names	Address	Postcode	Contact No.

Witness 3				
Surname	Given Names	Address	Postcode	Contact No.

### 10. DASHCAM / CCTV

Is there any Dashcam or CCTV footage of the accident available?      Yes       No

If yes, can you please provide us with a copy.

## 11. DIAGRAM OF ACCIDENT

## DECLARATION

I/we do hereby declare that the foregoing answers are true and correct, that I/we have in no manner caused the said incident by any fraud or wilful misrepresentation sought unjustly to benefit by the said incident and that the information detailed above is a true and faithful account of the actual incident.

I/we hereby undertake and agree to notify the Scheme immediately if any of the lost or stolen property mentioned in this claim is subsequently recovered, and at the option of the Scheme, to return the property or to refund the amount of money received, by way of compensation in respect thereof.

No information likely to affect the acceptance of this claim has been withheld.

I/We understand that this claim may be refused if any information is false, or inaccurate or concealed.

I/we the undersigned hereby acknowledge and agree to the information contained herein (including our personal information), being used as outlined with the attached collection statement.

I have read and understand the above Declaration and the attached Collection Statement



Member Declaration (or Authorised Person)		Driver Declaration	
<b>Name:</b>		<b>Name:</b>	
<b>Signature:</b>		<b>Signature:</b>	
<b>Date:</b>		<b>Date:</b>	

PLEASE CHECK THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM

JLT Risk Solutions Pty Ltd  
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West Leederville, WA 6007  
Telephone: +61 (0)8 9483 8000



## **JLT Risk Solutions Pty Ltd**

**ABN 69 009 098 864**

### **COLLECTION STATEMENT UNDER PRIVACY ACT 1988 (Cth)**

In accordance with the Privacy Act 1988 (Cth) and any subsequent amendments (the Privacy Act), we JLT Risk Solutions Pty Ltd (Public Sector), draw your attention to the following:

1. We may collect personal information about you by means of documents as issued from time to time.
2. We are collecting the information principally for the purpose of assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements) and/or for the proper performance of our role as the managing body for LGISWA. Other purposes include providing you with information about other JLT Public Sector products or services and administering payments to you. If you are proposing for or renewing insurance, the information is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984, the Marine Insurance Act 1909 or at common law.
3. The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and other entities within the Marsh & McLennan Companies (MMC) group of companies.
4. In the ordinary course of business, we may disclose personal information about you to a person or organisation located in countries outside of Australia such as the United States, United Kingdom, India, Singapore (e.g. to overseas insurers, reinsurers, insurance intermediaries, our associated entities and third party suppliers or service providers). In particular, your personal information may be sent to our administrative processing centers in Mumbai (India) or Kuala Lumpur (Malaysia). It may also be sent to: Bermuda, Brazil, China, Dubai, Hong Kong, Ireland, Japan, Singapore, South Korea, United Kingdom and the United States for the purposes of outsourcing Insurance Broking, Intermediary and Risk Advisory Services; and Canada, India, United Kingdom and the United States for the purposes of outsourcing Business Support Services (for example, IT systems administration and payment processing).
5. If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act 1988, you must obtain it with the individual's consent. We will use and disclose your personal information in accordance with the LGIS Privacy Policy.

Our Privacy Policy can be accessed on the LGISWA website ([lgiswa.com.au](http://lgiswa.com.au)). For further information contact either your account manager or our Privacy Officer:

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