



# DAWES MOTOR INSURANCE MOTOR VEHICLE CLAIM FORM

P.O. Box 2717  
Taren Point NSW 2229  
Phone: 1300 785 544  
Fax: 02 9524 6566  
claims@dawes.com.au

To ensure prompt attention to your claim, please complete this form in full and leave it with your vehicle for assessment.

- NOTE:**
- Ensure the accident description is accurate and all questions on the claim form have been answered in full.
  - Obtain one quotation from a repairer of your choice.
  - Repairs may not be commenced without written authority from Dawes Motor Insurance.

## INSURED'S DETAILS

Name \_\_\_\_\_  
Residential address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Email address \_\_\_\_\_  
Phone number (H) \_\_\_\_\_ (M) \_\_\_\_\_  
Policy number \_\_\_\_\_ Policy expiry date \_\_\_\_\_

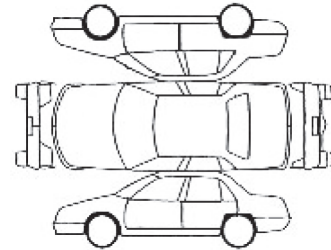
## INSURED VEHICLE DETAILS

Make	Sum insured	Chassis number
Model	Registration	Engine number
Year	Registration expiry	Speedometer reading
Type of use	<input type="checkbox"/> Private	<input type="checkbox"/> Business

## DAMAGE SUSTAINED

Area damaged \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate on diagram the body panels damaged in this accident



Repairer's name \_\_\_\_\_  
Repairer's address \_\_\_\_\_  
Repairer's phone number \_\_\_\_\_  
Is vehicle drivable?  Yes  No      Is vehicle at repairer's?  Yes  No  
Address vehicle towed to \_\_\_\_\_  
Date of accident \_\_\_\_\_ Time of accident \_\_\_\_\_ am/pm \_\_\_\_\_  
Place of accident \_\_\_\_\_  
Road conditions  Wet  Dry  Daylight  Dark

### Your vehicle

Estimated speed 100m prior to impact \_\_\_\_\_ kph  
Estimated speed on impact \_\_\_\_\_ kph  
Was your vehicle on the correct side of the road before the collision?  Yes  No  
Was your vehicle on the correct side of the road after the collision?  Yes  No

### Other vehicle

Estimated speed 100m prior to impact \_\_\_\_\_ kph  
Estimated speed on impact \_\_\_\_\_ kph  
Was their vehicle on the correct side of the road **before** the collision?  Yes  No  
Was their vehicle on the correct side of the road **after** the collision?  Yes  No



**PASSENGER DETAILS**

Name/s	Name/s
Address/es	Address/es
_____	_____
_____	_____

**WITNESS DETAILS**

Name/s	Name/s
Address/es	Address/es
_____	_____
_____	_____

**OTHER VEHICLE DETAILS**

Owners name	Mobile phone
Owners address	Insurer
_____	Vehicle make
Drivers name	Registration
Drivers address	Drivers licence
_____	_____
Owners name	Mobile phone
Owners address	Insurer
_____	Vehicle make
Drivers name	Registration
Drivers address	Drivers licence
_____	_____

**PROPERTY DAMAGE**

Damage to property (fences, buildings, etc)

\_\_\_\_\_

\_\_\_\_\_

Persons injured

\_\_\_\_\_

\_\_\_\_\_

**PRIVACY**

We are committed to protecting your privacy. We will only use the personal information you have provided to us in settling this claim and any claim made against you in respect of the claim. You can check the personal information we hold by contacting our Privacy Officer on 1300 188 299.

**SIGNATURES**

I/we acknowledge Dawes Motor Insurance may give to, or obtain from, other Insurers and/or Insurance/Financial Reference Bureau, State Licensing Authority, Parts or Service Providers, personal information in relation to this claim or my insurance in general.

I/we hereby declare the foregoing particulars to be true and correct, and I/we undertake to render every assistance in my/our power in dealing with this matter.

Signature of owner	Date
_____	_____
Signature of owner	Date
_____	_____