

Millennium

Underwriting Agencies

*Personal Package
Motor Vehicle
Claim Form*





Millennium Underwriting Agencies Pty Ltd
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Personal Package Motor Vehicle Claim Form

Claims Procedure

This claim form is to be completed when Your Property has been lost, damaged, stolen or destroyed. It may be necessary for You to arrange urgent temporary repairs to protect Your Property.

It is necessary for You to complete all Sections of this claim form. Please answer all parts of the appropriate questions relevant only to the type of claim that You are lodging. If there is insufficient space provided for any information requested or to be supplied, please supply these details on a separate sheet and attach to the claim form.

Please attach (or promptly supply) where possible the original repair invoice or quotations with this completed form as well as any notices to the Police for Property lost or stolen or any Malicious Damage.

On receipt of the above We will assess and administer Your claim in accordance with Your Policy. We will also keep You informed of any other requirements should they be required and we will keep you advised on the progress on the processing of Your claim. If You have any queries on any of the information required on this form, please do not hesitate to contact Your Authorised Representative or Broker or Millennium Underwriting Agencies Pty Ltd.

Privacy

Millennium Underwriting Agencies Pty Ltd respects your privacy and complies with the Privacy Act and the Australian Privacy Principles. A copy of our Privacy Policy is available at www.millennium.com.au

Complaints Procedure

If you do not agree with any decision we make in relation to the Policy, please write to us stating what you disagree with and why.

We will then resolve or attempt to resolve your complaint immediately, or we will refer the matter to our Internal Dispute Resolution Committee (IDRC). If you are not satisfied with a decision by the IDRC, the matter may be referred to an independent dispute resolution body, Financial Ombudsman Service (FOS), provided the matter falls within their jurisdiction.

Financial Ombudsman Service (FOS)
Freecall 1300 78 08 08
Post: GPO BOX 3, Melbourne Victoria 3001
Website: www.fos.org.au
Email: info@fos.org.au

The Insurance Contracts Act 1984 (as amended) requires you to provide all information which your insurer may reasonably require, and stipulates that any omission may adversely affect the cover under your Policy.

If you would like more information on your Duty of Disclosure (or any other aspect), please contact your Authorised Representative, Broker or Millennium Underwriting Agencies Pty Ltd

Claim Details

Name of Insured:

Due Date:

Agent/Broker:

Policy Number:

Claim Details *(continued)*

Address:

Contact Person:

Contact Number:

Email:

Occupation:

Are you registered for GST purposes?:

What is your ABN?:

Yes No

Have you claimed, or are you entitled to claim an input tax credit on the GST component of the premium applicable to this policy?:

Yes No

If yes, will you be claiming an amount less than 100%?:

If yes, specify amount claimed (%):

Yes No

Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?:

Yes No

If yes, will you be claiming a tax amount less than 100%?:

If yes, specify tax amount claimed (%):

Yes No

Particulars of Accident

Date:

Time:

Location (Street/Road):

Suburb/Town/State:

Drivers statement of how accident occurred:

Vehicle Details

Registration Number:

Year:

Make/Model:

Engine No.:

Expiry Date of Registration:

Name of Registered Owner (as per certificate):

Are you the sole owner?:

If No, state the name of the other party:

Yes No

For what purpose was it being used at the time of the accident?:

Was it being used for carriage of fare-paying passengers?:

Was any other insurance in force on it at the time of the accident?:

Yes No

Yes No

Was a trailer attached?:

If yes, Trailer Registration number:

Yes No

Description & Weight of Load:

Vehicle:

Trailer:

Driver Details

Name of Driver:

Licence No:

Date of Birth:

Expiry Date:

Date & Place first licence issued:

Driver Occupation:

Driver Address:

Private Contact Number:

Business Number:

Driver Details (continued)

Contact Email:

Special Endorsements:

Was he/she driving with your consent?:

Yes No

How much alcohol or drugs were consumed by the driver during the 12 hour period before the accident?

Was the driver sober at the time of the accident?

Yes No

Drug Test:

Yes No

Breath Test:

Yes No

Breath Test Result:

Blood Test:

Yes No

Blood Test Result:

Have the police taken any action? (if so, detail the actions):

Previous convictions or driving offences:

Other Parties

Other driver's name:

Other driver's contact number:

Other driver's address:

Owner's name:

Owner's contact number:

Owner's Address:

Make/Model/Colour of vehicle:

Reg. No:

Damage to other vehicle/property:

Was the vehicle drivable?

Yes No

Insurance Company & reference:

Licence Number:

Injury or damage to any party/property. (State details of any notice of claim or demand received.)

Name (1):

Address (1):

Nature of injury or damage (1):

Name (2):

Address (2):

Other Parties *(continued)*

Nature of injury or damage (2):

Name (3):

Address (3):

Nature of injury or damage (3):

Witnesses

If no witness details taken, state reasons:

Witness name (1):

Witness contact details (1):

Witness address (1):

Witness name (2):

Witness contact details (2):

Witness address (2):

(It is of the utmost importance to immediately obtain the names and contact information of witnesses)

Police

Did the police attend the scene?:

Yes No

If no, was the accident reported to the police?:

Yes No

Officer's Name/Number:

Police Station:

Police *(continued)*

Police Report Number:

Was anyone charged or cautioned?:

Yes No

If yes, please provide details:

Damage

Describe damage to your vehicle directly resulting from the accident:

Is the vehicle still being used?:

Yes No

At what address can the vehicle be inspected?:

Was the vehicle towed from the scene?:

Yes No

If yes, to where?:

Cost:

Estimated cost of repairs and replacements:

\$

\$

Repairs details:

Is the vehicle at the repairers premises?:

Yes No

Please advise any pre existing damage to this vehicle:

Declaration

I/We solemnly and sincerely declare:

That the information supplied on this Claim Form and Statement of Claim is true in every respect.

1. I/We understand that the claim may be refused if information is withheld, false, misleading or concealed
2. That there was no other insurance covering this loss current at the date of this incident.
3. I/We acknowledge that this Claim Form is a Legal Document and as such may be used in any legal proceedings resulting from this claim.

Submission

- By ticking this box, I acknowledge this declaration and acknowledge that the information I have supplied to be true and accurate to the best of my knowledge.

Please print name:

Signed:

Date:

/ /

Please complete and return this form to:

*Millennium Underwriting Agencies Pty Ltd
PO Box 309 Kent Town SA 5071*