



Motorhome Claim Form

- ## SECTION 1: POLICY DETAILS

SECTION 2: DETAILS

Telephone: _____ Mobile: _____

SECTION 3: MOTORHOME DETAILS

VIN/Chassis number: _____ Registration number: _____

SECTION 4: DAMAGE SUSTAINED

Please describe what happened:

[illegible]

DIAGRAM OF THE INCIDENT – make a plan of the scene of the accident, showing the width of the roadway, positions of all vehicles. If the accident occurred at an intersection, show and advise all traffic lights or road signs etc. Please mark your motorhome with an A and other vehicles as B etc. and the direction of each vehicle.

Date of accident: / / Time of accident:

Place of accident:

Road surface: sealed/unsealed Weather: dry / wet / snow / hail / ice

Light conditions: day / night / twilight If night, were lights on?

Estimated speed at time of the accident:

SECTION 5: DETAILS OF THE DRIVER

Name: _____ Date of Birth: / /

Licence number: _____ Licence expiry: ____ / ____ / ____

Class

How long has the driver been licensed for this type of vehicle

Has the driver ever had any motor vehicle stolen? Yes ☐ No ☐

If yes, details:

Has the driver's licence ever been lost or cancelled? Yes ☐ No ☐

Has the driver ever had any traffic offences, fines or infringements? Yes ☐ No ☐

If yes, details:

In the last 3 years has the driver ever had any prior accidents and/or claims? Yes ☐ No ☐

If yes, details:

SECTION 6A: POLICE DETAILS

Did police attend the accident scene? Yes ☐ No ☐

Police station and officer details:

Police reference number: _____ If the police did not attend the scene was the incident reported? Yes ☐ No ☐

Were any liquor/drugs, prescriptive or non-prescriptive medication consumed 12 hours prior to the accident? Yes ☐ No ☐

If yes, what was consumed and how much:

Did police order a breathalyser or blood test? Yes ☐ No ☐ If yes, what was the reading?

Who do you believe was responsible for the accident:

Was liability admitted by any party? Yes ☐ No ☐ Were any fines or infringements issued to any party? Yes ☐ No ☐

Have you ever had any prior accidents and/or claims? Yes ☐ No ☐

If yes, details?

SECTION 7: WITNESS DETAILS

Name:	Phone:
Address:	
	Postcode:
Name:	Phone:
Address:	
	Postcode:

SECTION 8: THIRD PARTY DETAILS

Drivers name:	Phone:	
Drivers address:		
	Postcode	
Vehicle make:	Registration number:	Driver licence:
Insurer:		
Owners name (if different to driver):	Phone:	
Owners address:		
	Postcode:	

SECTION 9: OTHER PROPERTY DAMAGE

Damage to property (buildings, fences etc)

Name: _____ Date: / /