

# Motor Vehicle Claim

If your agency uses electronic claims lodgement use eClaims to submit your claim, rather than filling out this form.

## 1. Agency details

Agency name:	
Address:	
Contact name:	Email:
Phone:	Risk/cost centre:
Vehicle ownership: Agency <input type="checkbox"/> Private <input type="checkbox"/> Hire vehicle <input type="checkbox"/> Leased <input type="checkbox"/>	Vehicle fleet manager:
<b>If privately owned:</b>	Do you have insurance? Yes <input type="checkbox"/> If yes, please provide the name of the insurer: _____ No <input type="checkbox"/>
	Comprehensive <input type="checkbox"/> Third Party only <input type="checkbox"/>
	Has a claim been lodged? Yes <input type="checkbox"/> If yes, please provide the claim number: _____ No <input type="checkbox"/>

## 2. Vehicle details

Make:	Model:	Body:
Year of manufacture:	Registration No:	

## 3. Glass claims (if applicable)

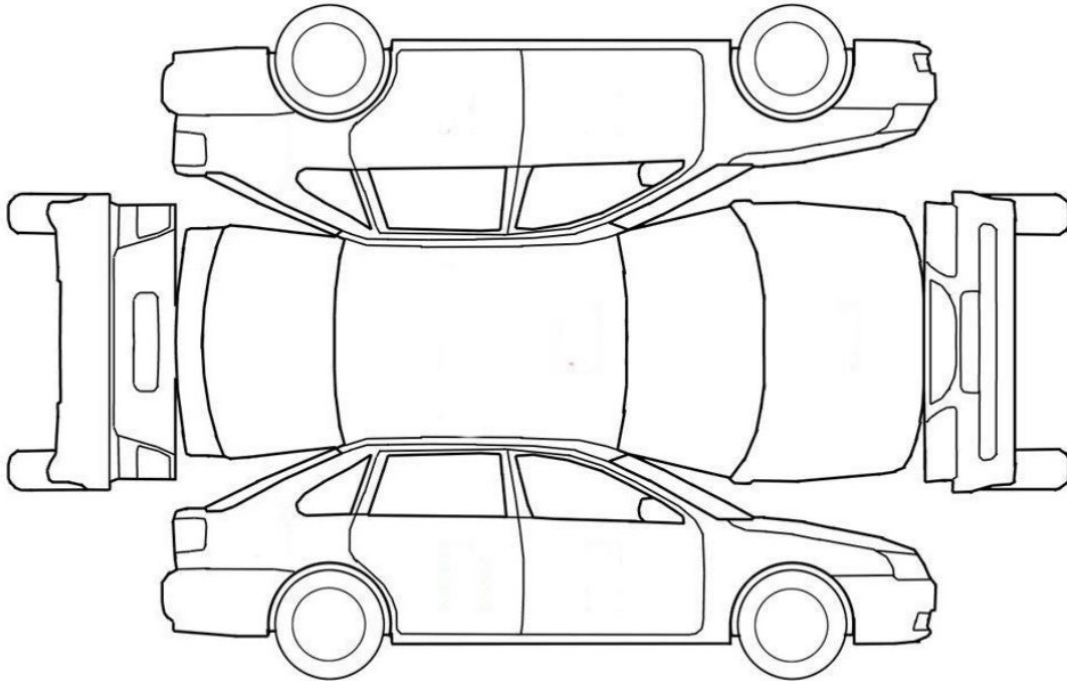
What glass was broken?	Front windscreen <input type="checkbox"/>	Rear windscreen <input type="checkbox"/>	Driver's side window <input type="checkbox"/>	Passenger side window <input type="checkbox"/>
	Left rear window <input type="checkbox"/>	Right rear window <input type="checkbox"/>	Right rear quarter window <input type="checkbox"/>	Left rear quarter window <input type="checkbox"/>

## 4. Incident details (must be completed in full)

Date of incident:	Time:	am/pm
Address/location of incident:		Suburb:
Describe the events of the incident:		
Who is, or what was, considered to have caused the incident?		
<p>Sketch the scene of the incident (use separate sheet if necessary):</p> <ol style="list-style-type: none"> <li>Name the streets</li> <li>Indicate direction with arrows ←→↑↓</li> <li>Show your vehicle <input type="checkbox"/> and the other vehicle(s) ■</li> <li>Indicate distances, e.g. 4m → ■</li> <li>Show accurately the position of any pedestrian (P) or</li> <li>vehicles involved in the incident and witnesses (W)</li> <li>Show point of impact X</li> <li>Show existence of road signs at intersections</li> </ol>		



Describe the extent of damage to your vehicle (circle on diagram the areas impacted):



What traffic controls were in place? Give way sign  Pedestrian crossing  Rail crossing  Road works (controlled)  Stop sign  Traffic lights   
Other, specify:

Provide any road features: Car park  Crossroad  Driveway  Median opening  Intersection  Roundabout  Tunnel   
T Junction  Other, specify:

Provide details of road surface: Sealed  Unsealed  Off-road  Combination of road surfaces

What vehicle lights were displayed/activated at the time of the incident? Headlights  Sidelights/indicators  Emergency lights

What were the weather conditions at the time of the incident? Clear  Raining  Overcast  Fog/mist  Smoke/dust  Sun glare   
Other, specify:

Was your vehicle towed away? Yes  No  If yes, by whom:

Present location of vehicle:

Who is your choice of repairer?

### 5. Employee driver details

Family name:	Given name(s):
Date of birth:	
Address:	
Phone:	Email:
Did the driver have a valid driver's licence at the time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the driver tested for drugs or alcohol? Yes <input type="checkbox"/> If yes, please provide results. No <input type="checkbox"/>	
Did the Police attend the incident? Yes <input type="checkbox"/> If yes, please provide the report number: No <input type="checkbox"/>	

### 6. Stolen vehicle details

If the stolen vehicle has been located, where is it?	
Have the Police located any offenders? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the Police report number:	
Police station:	

### 7. Other vehicle, owner and driver details

Driver's family name:	Driver's given name(s):
Address:	
Phone:	Email:
Owner's family name:	Owner's given name(s):

Address:		
Phone:	Email:	
Make of vehicle:	Model:	Registration No:
Is the vehicle insured?      Yes <input type="checkbox"/> No <input type="checkbox"/>		
Insurance company:		
What vehicle lights were displayed/activated at the time of the incident?      Headlights <input type="checkbox"/> Sidelights/indicators <input type="checkbox"/> Emergency lights <input type="checkbox"/>		

**8. Witness details (if applicable)**

Name:	
Address:	
Phone:	Email:

**9. Employee driver declaration**

I declare that the details submitted are true and correct.	
Signature:	Date:
Name:	Position Title:
Phone:	Email:

**10. Agency declaration and authorisation** (to be completed by the driver's supervisor, fleet coordinator or equivalent)

I declare that I am a person authorised to lodge this claim with the Insurance Commission on behalf of the abovementioned agency.	
Signature:	Date:
Name:	Position Title:
Phone:	Email:

Please note, agencies should only use licensed repairers for quotes and repairs. Government Insurance will not authorise or fund repair costs for unlicensed repairers.

Please send the completed form and relevant documents to [gi.motorclaims@icwa.wa.gov.au](mailto:gi.motorclaims@icwa.wa.gov.au)