Insurance Commission of Western Australia

Government Insurance Division

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Perth WA 6000
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Perth WA 6842
Tel: (08) 9264 3333
icwa.wa.gov.au

Motor Vehicle Claim

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

If you provide personal information in this form, please note that the Insurance Commission of Western Australia collects this information to assess and manage your motor vehicle insurance claim. During the course of your claim, we will continue to collect other personal information from you and/or other relevant parties (including your agency, assessors, motor vehicle repairers, third party's insurer and solicitor, etc.) for the same purpose. Your information may be shared with other authorised parties where necessary and authorised by law. By completing and submitting this form, you confirm that you understand and acknowledge the collection, use, and disclosure of your personal information for these purposes. For further details on how we handle your personal information, please read our Privacy Policy at icwa.wa.gov.au/privacy.

1. Agency details

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

2. Vehicle details

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

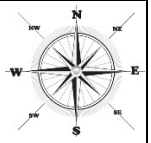
3. Glass claims (if applicable)

What glass was broken? Front windscreen ☐ Rear windscreen ☐ Driver's side window ☐ Passenger side window ☐
Left rear window ☐ Right rear window ☐ Right rear quarter window ☐ Left rear quarter window ☐

4. Incident details (must be completed in full)

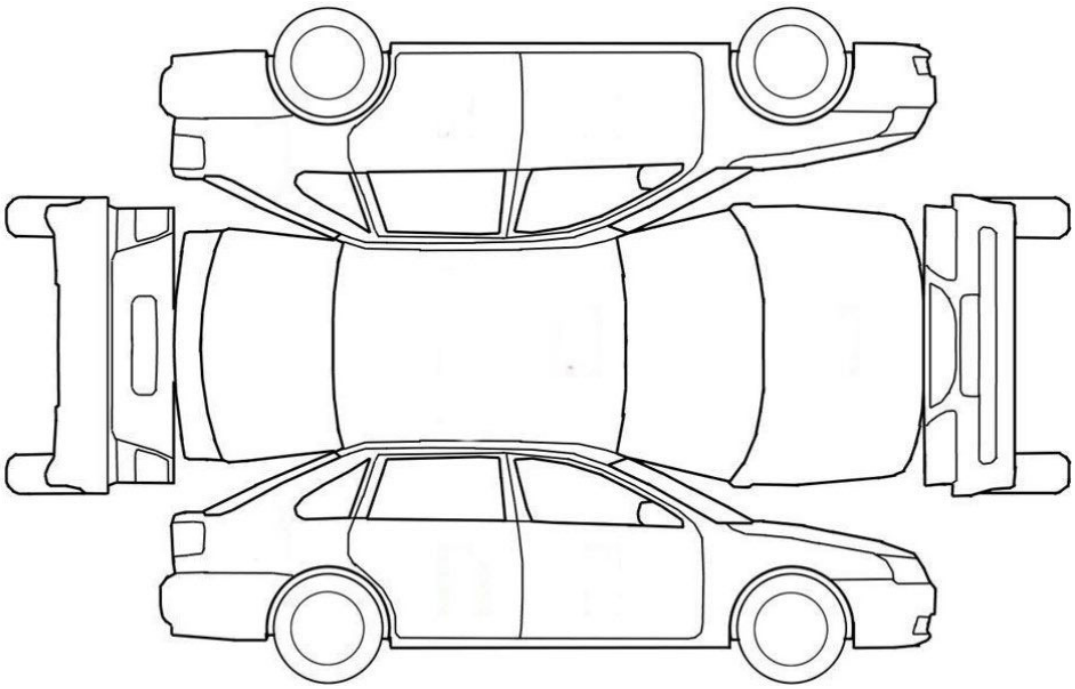
Date of incident:	Time: am/pm
Address/location of incident:	Suburb:
Describe the events of the incident:	
Who is, or what was, considered to have caused the incident?	

Sketch the scene of the incident (use separate sheet if necessary):



1. Name the streets
2. Indicate direction with arrows ←→↑↓
3. Show your vehicle ☐ and the other vehicle(s) ■
4. Indicate distances, e.g. 4m → ■
5. Show accurately the position of any pedestrian (P) or
6. vehicles involved in the incident and witnesses (W)
7. Show point of impact X
8. Show existence of road signs at intersections

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 ☐ No ☐
Was the driver tested for drugs or alcohol?	Yes ☐ If yes, please provide results. No ☐
Did the Police attend the incident?	Yes ☐ If yes, please provide the report number: No ☐

6. Stolen vehicle details

If the stolen vehicle has been located, where is it?
Have the Police located any offenders? Yes ☐ No ☐ 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 ☐ No ☐		
Insurance company:		
What vehicle lights were displayed/activated at the time of the incident? Headlights ☐ Sidelights/indicators ☐ Emergency lights ☐		

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