



# 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: |
| If privately owned: | Do you have insurance? Yes <input type="checkbox"/> If yes, please provide the name of the insurer: No <input type="checkbox"/>        |                        |
|                     | Comprehensive Third Party only   |                        |
|                     | 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)

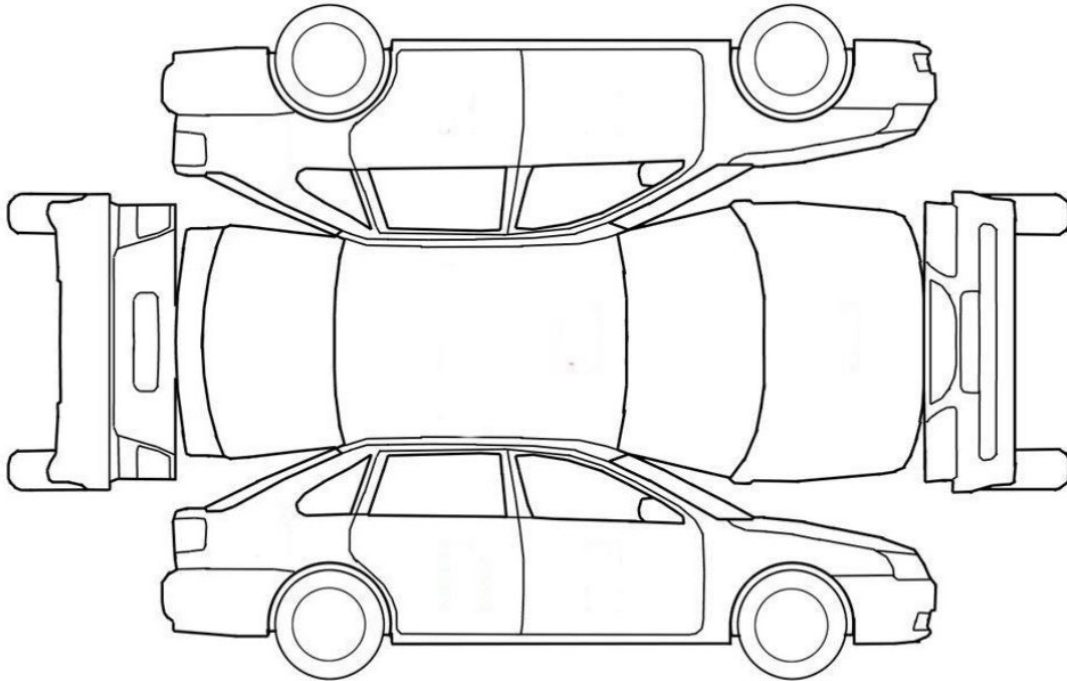
|                        |   |  |  |   |
|------------------------|---|--|--|---|
| What glass was broken? | Front windscreen <input type="checkbox"/> | Rear windscreen <input type="checkbox"/>   | Driver's side window <input type="checkbox"/>      | Passenger side window <input type="checkbox"/>    |
|                        | 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>1. Name the streets</li> <li>2. Indicate direction with arrows <math>\leftarrow \rightarrow \uparrow \downarrow</math></li> <li>3. Show your vehicle <input type="checkbox"/> and the other vehicle(s) <input checked="" type="checkbox"/></li> <li>4. Indicate distances, e.g. 4m <math>\rightarrow</math> <input checked="" type="checkbox"/></li> <li>5. Show accurately the position of any pedestrian (P) or</li> <li>6. vehicles involved in the incident and witnesses (W)</li> <li>7. Show point of impact X</li> <li>8. 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 the person authorised to lodge the 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)