

Claim Form

Section 1 (To be completed by Owner):

Policy no Expiry Date

Name of insured Occupation

Address

Phone No

Make of Vehicle Year Model

Mileage Registration No

Co-Owner

In whose name is the Motor Vehicle registered?

For what purpose was the Vehicle used? (a) Normally

(b) On this occasion

Was Vehicle being used with your knowledge and consent? Yes No

If employee driving was he acting within the scope of your authority? Yes No

Is a trailer used in connection with the Motor Vehicle? Yes No

If so, was it attached? Yes No Value

Nature of loss or damage to Insured Motor Vehicle and/or trailer

What steps have been taken to remove Vehicle to place of safety?

Where can damaged Vehicle be inspected?

Do you desire any particular repairer to undertake repairs? Yes No

If so give name and address?

As a subsidiary of a US company we are required to comply with the US Government's Medicare Secondary Payer Mandatory Insurer Reporting:

Are you a US Citizen? Yes No

If Yes, then please supply your Social Security Number

Section 2 (To be completed by Driver):

Name of Driver

Occupation Date of Birth

Address

Phone No

Driving Licence No Date of Expiry

Are you (a) the owner; (b) Employee; (c) Relation or Friend of the Owner?

If you are not the Owner of the Vehicle referred to above –

Do you own a Motor Vehicle Yes No

if so, where is same insured

State particulars of your previous motor accidents

Have you ever been refused Motor Vehicle insurance or had a Policy declined or cancelled or a franchise or increased premium imposed? Yes No

Have you ever been prosecuted for a traffic offence or had your licence endorsed or suspended? Yes No

If so, state when and why

Have you any physical defect in limbs, eyesight or hearing? Yes No

If so, give particulars

Particulars of Accident:

Date day of 20 at am pm

Place where accident occurred

Estimated speed of your vehicle at time of impact

Was horn of your Vehicle sounded or other warning signal given? Yes No

If so, in what manner?

On what side of road was your Vehicle travelling?

How far were you from left kerb?

Width of road at place of accident

Estimated speed of other Vehicle at time of impact

Did the driver of the other Vehicle give any warning signal of his approach of intentions? Yes No

If so, in what manner?

Did you consume any alcohol prior to accident? Yes No If so, state quantity

Was it alleged that the other Driver was under the influence of liquor?

If accident occurred after sundown were headlights burning brightly or dipped?

Your Vehicle

Other Vehicle

State type of road surface (earth, gravel, bitumen, concrete)?

Width of road?

What was the condition of the roadway (wet or dry, rough or otherwise)?

Describe weather conditions (fine, raining, foggy, etc.)

Was the visibility good? Yes No

Was the accident reported to the Police? Yes No

If so, where?

Contable's No Name

Stationed at

Has Police action been taken or threatened in connection with the accident? Yes No

If so, what charge has been made or threatened?

Do you consider that the accident was caused or contributed to by fault or negligence of any other person? Yes No

What are your reasons for thinking so?

If so, give name and address and occupation of such person?

Did you admit that you were at fault? Yes No


Did the other driver so admit? Yes No


State clearly any conversation you had with other drivers and/or witnesses and/or injured persons


State clearly and fully how the accident occurred

Sketch of:

(If not applicable, please sketch in space provided)
(Show road markings, traffic lights, compass point, street names)

Show your car 

Other car 

Additional cars 

Name and Addresses of All Witnesses of Accident:

Passengers in your Motor Vehicle

Independent Witnesses

Witnesses - It is most important that Names and Addresses of all Independent Witnesses of the Accident should be obtained, whether the Driver considers themselves to be at fault or not.

If no witnesses obtained please state reason:

Other Vehicle or Property Damage:

Name of Owner

Address

Name of Driver

Address

Phone number of Driver

Description of property damaged

If Vehicle, details and Reg. No

Nature of damage

Estimate of damage (if known)

Are you aware if the other Vehicle or property is insured? Is so what Company?

Has any claim been made against you by Third Party? Yes No

By whom?

Give particulars

Has any offer been made or any steps taken to compromise or settle the matter

By whom

Give particulars

Electronic Funds Transfer (EFT) details

1. Do you want the benefit to be deposited directly into a financial institution account via EFT? Yes No

2. Name the account is held in:

3. BSB number (6 digits in total) Financial institution account number (up to 9 digits only)

(If you are unsure of the BSB number, please contact the financial institution where the account is held.)

4. Financial Institution: Branch:

GST (Only applies if your policy was purchased for business purposes)

1. Have you claimed or do you intend to claim an Input Tax Credit (ITC) in respect of the GST paid on the insurance premium for this policy? Yes No

2. If YES, what percentage of the GST did you claim, or are you intending to claim? Insured ITC %

We declare the foregoing particulars to be true in every respect to the best of our knowledge, information and belief.

Signature of Insured

Signature of Driver

Broker

Date

Privacy Notice

AIG collects personal information from you, your agents and people involved in this claim to assist in investigating or processing the claim, improve customer service and products and carry out research and analysis, including data analytics. This may include third parties claiming under the policy, witnesses and medical practitioners. Failure to disclose information required may result in AIG not being able to administer or declining the claim.

AIG may disclose your information to:

- your or our agents, AIG related entities, reinsurers, contractors or third party providers providing services related to the administration of the claim;
- assessors, third party administrators, emergency providers, retailers, medical providers or travel carriers, or any third parties or insurer from whom AIG seeks recovery related to the claim;
- entities to which AIG is related and third party providers for data analytics functions; and
- government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

Some of these entities may be located overseas, including in United States of America, Canada, Bermuda, United Kingdom, Ireland, Belgium, The Netherlands, Germany, France, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand as well as a country in which you have a claim and such other countries as may be notified in our Privacy Policy from time to time.

Our Privacy Policy is available at www.aig.com.au or by contacting us on 1300 030 886 and contains information about how you may access and correct your personal information, how to complain about a breach of the applicable privacy principles and how AIG will deal with such a complaint.

Consent

I consent to AIG collecting, using and disclosing personal information as set out in this notice. If I have provided or will provide information to AIG about any other individuals, I confirm that I am authorised to disclose his or her personal information to AIG and also to give this consent on both my and their behalf.

Name	<input type="text" value="Please Print"/>	Signature
Date	<input type="text" value="/ /"/>	

Telephone 1300 121 251

Please send to: consumersteadfastclaims@aig.com

Steadfast Claims
GPO Box 4363
Melbourne VIC 3001

[SUBMIT FORM](#)

PLEASE KEEP A PHOTOCOPY OF ALL DOCUMENTATION YOU SEND TO US FOR YOUR OWN RECORD



Head Office

Sydney Level 19, 2 Park Street Sydney NSW 2000 Australia
GPO Box 9933 Sydney NSW 2001 Australia
Melbourne GPO Box 9933 Melbourne VIC 3001 Australia
Brisbane GPO Box 9933 Brisbane QLD 4001 Australia
Perth GPO Box 9933 Perth WA 6848 Australia

Australia wide

T 1300 030 886
F 1300 634 940
International
T +61 3 9522 4000
F +61 3 9522 4645

www.aig.com.au