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**Phone:** 1300 562 217
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# 360 Prestige Motor - Claim Form

## Section A: Insured Details

| | | | | | |
|---|---|---|---|---|---|
| Policy Holder/ Insured name | | | Policy Inception Date | | |
| Insured's address | | | | | |
| | | | State | | Postcode |
| Insured's postal address (if different from above) | | | | | |
| | | | State | | Postcode |
| Contact details | Phone | | Mobile | | |
| | Email | | | | |
| Broker Details (name and contact details) | | | | | |

## Section B: Driver's Details *(or person last in charge of the vehicle before the incident)*

| | | | | | |
|---|---|---|---|---|---|
| Driver first name | | | Driver surname | | |
| Driver address | | | | | |
| | | | State | | Postcode |
| Driver postal address (if different from above) | | | | | |
| | | | State | | Postcode |
| Contact details | Phone | | Mobile | | |
| | Email | | | | |
| Driver date of birth | | Licence type – please tick | Full ☐ | Probationary ☐ | Learners ☐ International ☐ |
| Driver licence number | | | Driver licence expiry date | | |

## Section C: Vehicle Details

| Vehicle year | Vehicle make | Vehicle Model | Vehicle identification number (VIN) | Registration Number |
|---|---|---|---|---|
| | | | | |

## Section D: Loss/Damage Details

| | |
|---|---|
| Please tick cause of loss/damage | Accident ☐ Theft ☐ Vandalism/malicious damage ☐ Hail ☐ Fire ☐ Flood/storm ☐ Other ☐<br>*NOTE: If loss/damage was due to theft you may also need to complete Section E on page 3* |
| If "other" selected above, please state the cause | |

What was the exact location of the vehicle at the time of the loss/damage? (i.e. street and suburb)

## Section D: Loss/Damage Details *(continued)*

Please provide full details of the incident that caused the loss/damage to occur

| | | | |
|---|---|---|---|
| What was the date and time the loss/damage occurred? | Date | | Time |
| Was the vehicle being driven at the time of the incident? | Yes ☐ | No ☐ | |
| Did anyone witness the incident occurring? | Yes ☐ | No ☐ | ▶ *If 'No' to both answers go to Section E below* |
| Who, in your opinion, was at fault for the accident? | | | |

**Other Parties details: (Witness or Other parties involved in the incident)**

| | | | |
|---|---|---|---|
| Was the Other party involved in the incident or a witness? | Involved in incident ☐ | Independent Witness ☐ | |

| Title | Surname | Given names(s) |
|---|---|---|
| | | |

| | | | | | |
|---|---|---|---|---|---|
| Address | | | | | |
| | | State | | Postcode | |
| Contact details | Phone | | Mobile | | |
| | Email | | Rego | | |

| Licence number | Insurer | Vehicle make | Vehicle model |
|---|---|---|---|
| | | | |

**Other Parties details: (Witness or Other parties involved in the incident)**

| | | | |
|---|---|---|---|
| Was the Other party involved in the incident or a witness? | Involved in incident ☐ | Independent Witness ☐ | |

| Title | Surname | Given names(s) |
|---|---|---|
| | | |

| | | | | | |
|---|---|---|---|---|---|
| Address | | | | | |
| | | State | | Postcode | |
| Contact details | Phone | | Mobile | | |
| | Email | | Rego | | |

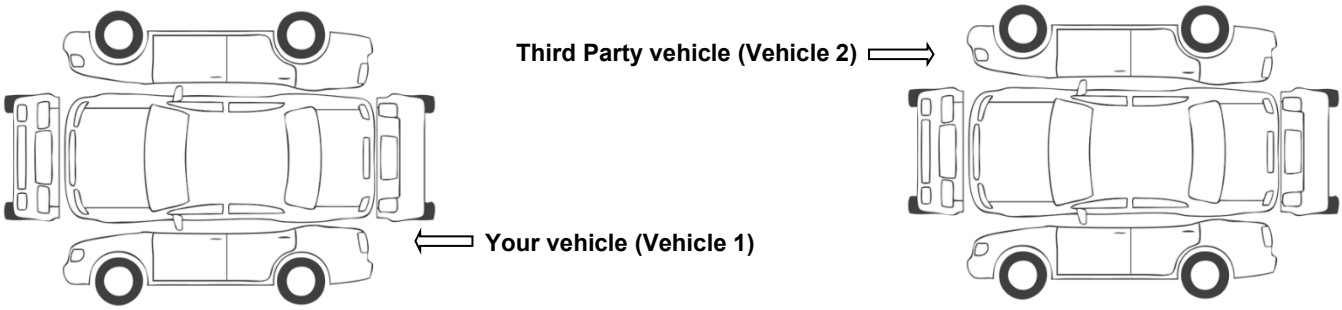
| Licence number | Insurer | Vehicle make | Vehicle model |
|---|---|---|---|
| | | | |

*Please supply additional information on a separate sheet, if necessary.*

## Section E: Accident Details

| Is the damaged vehicle drivable? | Yes ☐ No ☐ ▶ Please ensure you complete Section G below, if applicable |
|---|---|

On the diagram below please shade which parts of the vehicle were damaged




Please draw a diagram of the circumstances surrounding the incident, in the space below:

| Please describe the vehicle damage (e.g. damage to rear bumper) |
|---|
| |
| |
| |

| Have you taken any photographs of the damage?<br>*(Minor vehicle damage claims only)* | No ☐ Yes ☐ ▶ *If 'Yes' please attach photographs with the completed form and email to: fleet@adica.com.au* |
|---|---|
| Has the incident been reported to the police? | No ☐ Yes ☐ ▶ *If 'Yes', please supply police contact details below & attach a copy of the police report (if available).* |

| Police Officer's name | Name of police station | Phone number | Report number |
|---|---|---|---|
| | | | |
| | | | |

| In the **12 hours** prior to the incident had the driver of the vehicle consumed any drugs, medications or alcohol? | Yes ☐ No ☐<br>*If Yes, please list details below.* |
|---|---|
| | |
| | |
| | |
| | |

## Section F: Theft Claim Details *(Complete only where theft of the entire vehicle has occurred)*

| | |
|---|---|
| Has the vehicle been recovered? | Yes ☐ No ☐ ▶ *If 'No' go to Section* G below |
| Where can the recovered vehicle be inspected? | |

## Section G: Vehicle Towing

| | | | | | |
|---|---|---|---|---|---|
| Was the vehicle towed? | No ☐ Yes ☐ | | | | |
| Please provide towing company details below | | | | | |
| Towing Company name | | | | | |
| Vehicle location | | | | | |
| | | State | | Postcode | |
| Contact details | Phone | | Job number | | |

## Section H: Declaration

| | | | |
|---|---|---|---|
| I, | | Date claim submitted | / / |

*(insert name above)*

declare that the information and answers given above are honest, correct and complete in every detail. I understand the claim may be reduced or denied if information is not true or withheld. I undertake to assist in every reasonable way in dealing with this matter.

**PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMMISSIONS MAY DELAY THE PROCESSING OF YOUR INSURANCE CLAIM**

**The completion of this form and its receipt by us is not an indication that we accept any liability.**

Email the completed form to 360claims@adica.com.au,
Mail to: Aioi Nissay Dowa Insurance Company Australia Pty Ltd. (Adica) PO Box 7212 Melbourne Vic 3004