

Federal Insurance Timor, S.A.

Commercial Motor Vehicle Accident Claim Form

OFFICE USE: Policy Number:

Claim Number:

- **WARNING:** If you supply any untrue or false information and know that it is not true, Federal Insurance Timor, S.A. (FIT) shall have the right to refuse the claim.
- We recommend that you read the Claims section of your policy.
- Please answer all the questions on this form. If a question does not apply to your claim, please answer 'N/A'.
- You must not incur any expense (unless it is to minimise the loss), or admit fault, without our permission.
- **THE DRIVER OF THE VEHICLE (OR THE PERSON WHO WAS IN CHARGE) MUST SIGN PART L OF THIS FORM.**

Part A:
THE
INSURED

Name of Insured: _____
Postal Address: _____
Best contact Phone No: _____ Best time to contact: _____
Alternative contact: _____

Part B:
THE
INSURED
VEHICLE

1. Year _____ Make _____ Model _____ Reg No. _____
2. Is the vehicle subject to hire purchase agreement, bill of sale or lien of any kind? Yes No
3. Has the vehicle or engine been modified from the makers standard specifications? Yes No
If you answer "Yes" to 2 or 3, please give details _____

Part C:
DETAILS OF
DRIVER OR
PERSON IN
CHARGE

1. What is the driver's Date of Birth? _____ Female Male
2. Was the driver (or person in charge when the accident happened) the person under Part A? Yes No
If the answer is "Yes", please go straight to Part D. If the answer is "No" please answer questions 3 - 8
3. Full Name of Driver (or person in charge) _____
4. Postal Address: _____
5. Best contact Phone No: _____ Best time to contact: _____
6. Relationship to the Insured: Husband Wife Son Daughter Other (give details) _____
7. Did the driver have the owner's permission to use the vehicle? Yes No
8. Does the driver have any motor vehicle insurance? Yes No

Part D:
DRIVER'S
HISTORY

1. Has the driver ever been refused vehicle insurance or had a policy cancelled or not renewed? Yes No
2. In the past 5 years, has the driver: (a) been involved in a motor accident? Yes No
(b) been convicted of a driving offence or issued with an offence or infringement notice (including speeding)? Yes No
(c) been convicted of a criminal offence? Yes No
(d) been disqualified from driving or had their licence endorsed, cancelled or suspended? Yes No
If any answer is "Yes", please attach full details on a separate piece of paper

Part E:
DRIVER'S
LICENCE

1. Number _____ Classes _____ Special Conditions _____
2. Type _____
3. Date & Country of Issue _____

NOTE: A COPY OF YOUR DRIVERS LICENCE MUST BE ATTACHED TO THIS CLAIM FORM

Part F:
ACCIDENT
DETAILS

1. When did the accident happen? Day _____ Date _____ Time _____ AM PM
2. Where did it happen? (show street and town) _____
3. What was the vehicle being used for? _____
4. Please provide full details of your journey and give full details of what happened: _____

If the insured vehicle was being driven when the accident happened:
5. What were the weather conditions at the time? Rain Overcast Fog Bright Sun Clear Night
6. What were the road conditions at the time? Sealed Metal Wet Dry
7. What speed was the insured vehicle travelling at (a) approaching the accident? _____ (b) impact? _____
8. Did the driver consume or use any alcoholic liquor, drug or intoxicating substance in the 12 hours before the accident?
... Yes No
If "Yes": What? _____ How much? _____ When? _____
9. Did the Police attend the accident? Yes No

10. Was the driver required to provide the Police with a breath and/or blood sample? Yes No

Part G:
SKETCH
PLAN OF
ACCIDENT

Please show any

- Street Names
- Road Markings
- Road Signs
- Traffic Signals
- Traffic Islands
- Distances from kerb
- Distances between vehicles
- Direction of Travel

Part H:
DAMAGE TO
THE INSURED
VEHICLE

1. Please describe the damage to your vehicle, and show it on the diagram at the right

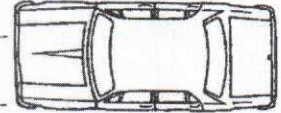
2. Did the vehicle need to be towed? Yes No Name of towing Company _____

3. Name of repairer _____ Telephone _____

4. Address of repairer _____

5. When to be taken to the repairer? _____ Repairer's Estimate \$ _____

6. Where is the vehicle located now? _____



The repairer must contact us before repairs are started so that we can assess the damage and agree the costs

Part I:
OTHER
VEHICLE OR
PROPERTY
DAMAGED

1. Other vehicle owned/driven by _____ Telephone _____

Address _____ Insurer & Branch _____

Make, type & model of other vehicle _____ Reg No _____

Details of damage to other vehicle _____

2. Details of damage to other property _____

Owner's name & address _____ Telephone _____

Part J:
LIABILITY
FOR THE
ACCIDENT

1. Who do you consider to be to blame? _____

2. What are your reasons? _____

3. Did anyone admit liability? Yes No If "Yes", who? _____

4. Did the police attend the accident? Yes No If "Yes", please give officers name & number _____

Part K:
WITNESSES
TO THE
ACCIDENT

Were there any witnesses? Yes No If "Yes", please give details below.

1. Name _____ Passenger Yes No

Address _____ Telephone _____

2. Name _____ Passenger Yes No

Address _____ Telephone _____

Note: If there is any information you cannot give to us now, please mark the question and let us have it as soon as possible
If there is not enough room on this form, please attach a separate sheet of paper. Is a separate sheet attached? Yes No

Part H:
DECLARATION
AND
SIGNATURE
Please read
and sign

I declare that

1. I authorise FIT to move the vehicle to a claims assessing centre for examination and assessment.

2. Material Facts

(a) All information given to FIT in connection with this claim (whether oral or written) is true and correct;

(b) No information relevant to the claim is omitted;

3. Use of Information

(a) My personal information collected by FIT in connection with this claim may be disclosed to:

(i) other members of the insurance industry;

(ii) Parties repairing or replacing the subject matter of the policy

(iii) Parties who have a financial interest in the subject matter of the policy

(b) My personal information held by any other parties in connection with this claim may be disclosed to FIT;

Please note:

• We gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you refuse to provide it, we may decline your claim.

• This information is held by us and you may access it. It may be passed on to other insurers you deal with, repairers and mortgagees etc.

• Your claims history may be passed on to, and held by an insurance claims registry. This enables other insurers you deal with to access it, and prevents fraudulent claims.

SIGNED BY

DRIVER: _____

INSURED _____

DATE: _____