

# Federal Insurance Timor, S.A.

## Private 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

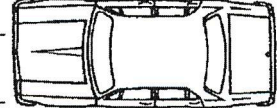
2. Did the vehicle need to be towed? Yes  No  Name of towing Company \_\_\_\_\_

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:** \_\_\_\_\_