

YOUR DETAILS – The Insured

Insured Name:		Insurer:	
Policy Number:			
Street No. & Name:			
Suburb:		State:	Postcode:
Best Contact Name:			
Best Contact Phone:		Alternative Phone:	
Best Email:			

GST DETAILS

For GST purposes, are you registered?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If YES, note your ABN: _____	Percent (%) that can be claimed: _____
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INSURED VEHICLE AND DRIVER DETAILS:

Vehicle Make & Model:		Registration:	
Driver in charge of vehicle at time of incident:		Driver's Date of Birth	/ /
Driver's Home Address:			
Drivers Licence No:		Years Held:	
Licence Expiry Date:		State Issued:	
Licence Type:	Full: <input type="checkbox"/> Probation: <input type="checkbox"/> Learners: <input type="checkbox"/>	Class:	

If Driver was NOT the insured, please confirm:

1) Was vehicle being driven with Insured's consent?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
2) Was driver a paid employee of the Insured?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
3) Does driver have a insurance on own vehicle? If 'yes', provide Company Name and Policy No. _____	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Had driver consumed any drugs or alcohol within 24 hours prior to incident:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

If 'yes', please outline quantity consumed and under what circumstances:

DETAILS OF OTHER VEHICLE AND DRIVER:

Driver's Name:		Vehicle Registration:	
Address:			
Licence Number:		Phone Number:	

GOLDSWORTHY

ADDRESS:
Lvl 5 HyperCentre
50-56 Sanders St
Upper Mt Gravatt Q
4122

PHONE:
07 3421 3700

WEB:
goldsworthygi.com.au

POLICE REPORT

Was the incident reported to police?

Yes: No:

Police Report No.:

DETAILS OF ACCIDENT

Date and time of loss/accident:

/ / at __: __ am/pm

Loss/Accident location:

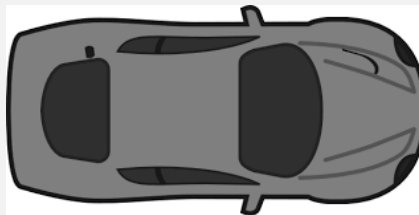
Describe what happened:

Draw basic diagram of where accident happened:

- Name the streets, use arrows for direction of travel, indicate distances.
- Suggested symbols = Your Vehicle: other Vehicle: Pedestrian: Point of Impact: **X**

Describe damage to your vehicle:

Indicate with an **X** on diagram below to show areas of damage:



Was vehicle towed?

Yes: No:

If 'yes', by who and to where?

Once your claim form is completed, please submit to our office via one of the below methods: **EMAIL:**

claims@goldsworthygi.com.au

POST: CLAIMS Goldsworthy General Insurance Services, PO BOX 6529, UPPER MT GRAVATT, QLD 4170

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