

# Motor Vehicle

## Claim form

Please complete in FULL all sections of this Claim Form and return it to AGI as soon as possible after the accident. Unless specifically arranged beforehand. No repairs or alterations to the damaged vehicle should be made until approved by AGI.

### Important information

- Do not admit liability – Ask for any claim to be put in writing and refer all correspondence to AFGHAN GLOBAL INSURANCE COMPANY.
- Make sure you give us all the details about your claim. Attach a separate sheet if you have insufficient space on this form.
- Send all quotations you have received to repair your vehicle and/or any quotations or correspondence you may have received from any other party in relation to this accident.

### General Insurance

AGI is affiliated of Afghanistan Insurance Authority (AIA) Which is regulated and licensed by the AFG Insurance Authority (license number A003: 1393 & D-35250) and the Ministry of Finance of AFG.

### Privacy

AGI is bound by the Privacy Act 2010. Before providing us with any Personal or Sensitive Information ('Information'), you should know that:

We collect, use, process and store Personal Information and, in some cases, Sensitive Information about you such as health information, in order to comply with our legal obligations, assess your application and, if your application is successful, to administer the products or services provided to you, to enhance customer service and product options and manage a claim ('purposes').

If you do not agree to provide us with the Information, we may not be able to process your application, administer your policy or assess your claims.

By providing us or your intermediary with your Information, you consent to our use of this Information and where relevant for the purposes, you consent to our disclosure of your Personal Information, including your Sensitive Information, to your intermediary, affiliates of the AGI Ltd, other insurers and reinsurers, our service providers, our business partners, medical and health practitioners, government offices and agencies, regulators, law enforcement bodies, your employer, Work cover authorities and as required by law within Afghanistan or overseas.

AGI may obtain Information from government offices, the parties listed above and third parties to administer policies and assess a claim in the event of loss or damage.

In most cases, on request, we will give you access to personal information held about you. In some circumstances, we may charge a fee for giving this access, which will vary but will be based on the costs to locate the information and the form of access required.

For further information about AGI's privacy Policy, a list of service providers and business partners that we may disclose your Information to, a list of countries in which recipients of your Information are likely to be located, details of how you can access or correct the Information we hold about you or make a complaint, please refer to the Privacy link on our homepage – [www.afghanglobalinsurance.com](http://www.afghanglobalinsurance.com), contact us by telephone on 070 87 33 333 or email us at [claim@afghanglobalinsurance.com](mailto:claim@afghanglobalinsurance.com)

Policy number: .....

Client reference number: .....

Client ABN .....

Division & Cost Centre: .....

Have you claimed an input tax credit on the GST applicable to this Policy? Yes  No  If 'Yes', state percentage claimed %

### Insured

Name of insured .....

Address .....

State .....

Postcode .....

Phone number .....

Occupation .....

Are you the sole owner of the insured vehicle? Yes  No

Advise the date vehicle was purchased by you/your company? / /

If 'No', name of other interested parties .....

Is the vehicle leased? Yes  No

Type of Lease: Novated  Other

**2 Insured vehicle**

Make and Model \_\_\_\_\_ Year \_\_\_\_\_ Colour \_\_\_\_\_

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Rego number \_\_\_\_\_ Engine number \_\_\_\_\_ Chassis or VIN number \_\_\_\_\_

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CLASS OF VEHICLE

Sedan or Station Wagon       Four Wheel Drive       Heavy Plant       Rigid Vehicle over 2T and up to 5T

Van or Utility up to 2T       Bus or Coach       Articulated Prime Mover       Rigid Vehicle over 5T and up to 10T

Semi Trailer       Light Plant       Rigid Vehicle over 10T       Other

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Trailer details (if applicable):

Make \_\_\_\_\_ Type \_\_\_\_\_ Year \_\_\_\_\_ Rego. Number \_\_\_\_\_

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State any non-standard accessories/modifications to vehicle?  
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What was the intended operating radius of the journey?  
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State time and place journey commenced and intended destination  
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State type and weight of goods being carried?  
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**3 Driver**

**For Parked or Unattended vehicles, Driver or Vehicle Custodian at the time of loss.**

Surname \_\_\_\_\_ Given name(s) \_\_\_\_\_

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Address \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

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Phone number \_\_\_\_\_ Date of birth / / \_\_\_\_\_ Age \_\_\_\_\_ Sex: Male  Female

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Current Driver's Licence number and endorsements \_\_\_\_\_

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Expiry date / / \_\_\_\_\_ Years Licenced to drive this type of vehicle \_\_\_\_\_

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Name of registered owner of the vehicle \_\_\_\_\_

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Are you an employee? Yes  No  If 'No', state relationship \_\_\_\_\_

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Have you had any traffic convictions and/or traffic offences or been involved in any motor vehicle accidents in the past five (5) years?  
 Yes  No  If 'Yes', please give details \_\_\_\_\_  
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How many hours have you spent driving in the 48 hours immediately preceding the accident?  
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Did you consume any alcohol or take any drugs during the 12 hours prior to the accident? Yes  No   
 If 'Yes', state what, how much and when \_\_\_\_\_

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Did you undergo a breath test or blood test for alcohol or drugs? Yes  No   
 If 'Yes', what was the result \_\_\_\_\_

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Did you refuse to undergo any of the above tests? Yes  No

**4 Damage to insured vehicle**

Was your vehicle damaged? Yes  No  If tyres damaged, approximate mileage of tyres \_\_\_\_\_

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Was your vehicle towed away? Yes  No  If 'Yes', name of company \_\_\_\_\_

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Have you obtained 2 repair quotes? Yes  No  Lowest quote \$ \_\_\_\_\_ (Attach all quotes)

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Who is your preferred repairer?  
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Is the vehicle there? Yes  No  If 'No', where is the vehicle located? (Full address) \_\_\_\_\_

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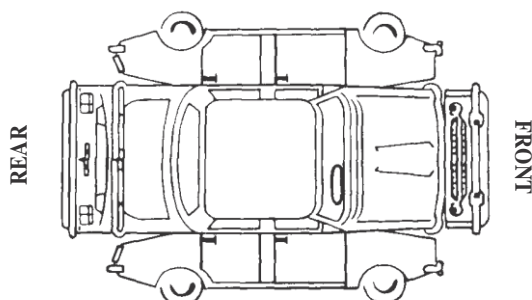
Full address \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

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Phone number \_\_\_\_\_

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Show the damaged areas to your vehicle on the following diagram



**NO REPAIRS OR ALTERATIONS TO THE DAMAGED VEHICLE SHOULD BE MADE UNTIL APPROVED BY AFGHAN GLOBAL INSURANCE.**

**5 Accident details**

Date            /            /                          Time             AM     PM            Vehicle Use: Business  Private


Day of the Week: Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday


LOCATION: Street    Suburb    Postcode

How did the incident or theft happen?

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Please draw a plan of the accident. Show the nearest cross street; street names; centre of the roadway; direction and location of vehicles. It is important to detail all road signs and marking and width of road.

Indicate your own vehicle as **A** 

Indicate any other vehicles as **B** 

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Who do you consider was at fault? Myself  Other Driver  Other

Why?

Estimated speed of your vehicle 30 metres prior to accident?                          KPH

Estimated speed of your vehicle at impact?    KPH

Estimated speed of the other vehicle just before the accident?                          KPH

What lights if any were being used by you?

What lights if any were being used by the other party?

What signals were given by you?

What signals were given by the other party?

How far from the point of collision were you when you first saw the other party?

How far from the point of collision was the other party when first seen by you?

State of road/road surface: Smooth  Rough  Wet  Dry  Uphill  Downhill  Flat

How was visibility? Good  Moderate  Poor

Were there any witnesses to the accident? Yes  No  If 'Yes', please provide names and addresses

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**6 Police questions**

Did police attend the accident? Yes  No  Police report number

If 'Yes', Police Station    Name or number of Police officer

If 'No', state time and date reported to Police

Did the police indicate who was responsible Yes  No  If 'Yes', name of driver

Did police charge wither driver or suggest action may be taken later? Yes  No  Charge

**7 Damage to other vehicles or property**

	Vehicle / Property No. 1	Vehicle / Property No. 2
Name of other driver		
Address		
Age		
Phone number		
License number		
Vehicle Make & Model		
Registration number		
Name of registered owner		
Address		
Phone number		
The other insurance company		
Policy number		
Description of damage		

**8 Personal injuries**

Was anyone injured in the accident? Yes  No

Name	Type of injury	Injury party (Passenger/Driver)	Vehicle (registration number)

**9 Declaration**

By submitting this form, I declare that:

- (a) The information and answers given above are true in every detail and no information has been withheld or misrepresented.
- (b) Afghan Global Insurance (the "Company") has authority to move the vehicle to ensure safekeeping.
- (c) Whilst the claim is under consideration I/We consent to the vehicle being moved to AGI's preferred salvage provider for safe keeping.
- (d) If indemnity is not provided, these costs will be borne by the insured.
- (e) If I am a broker and I am completing this form, I confirm that I have been appointed as an agent of the driver, insured, or owner to complete and submit this form on behalf of that driver, insured or owner.

Name of Person completing form (please print)	Date
	/ /

Afghan Global Insurance company does not admit liability by the issue of this Claim Form. This form is issued simply to enable the insured to lodge a written statement of claim.