

Heavy Motor Fleet Insurance Claim Form

Please complete, save and send completed claim form to claims@hmia.com.au
Your claim cannot be processed unless you have completed all mandatory fields
(these are shown in red)

- Take precautions to ensure that no further damage or loss occurs to your vehicle/s
- Where possible have the vehicle moved to a secure location if not drivable
- Obtain one repair quotation
- No repairs should be undertaken without the approval of HMIA
- An Assessor will be appointed to assess the damage to your vehicle/s
- This Claim Form should be completed and returned to us as soon as possible including any relevant photos and attachments
- Contact us if you are unsure about anything in relation to completing this Claim Form

Who is completing this form?

The Insured

Full Name of Insured:

ABN:

To what extent can you claim an input tax credit on the vehicle which is the subject of this claim?

_____ %

Expiry Date:

Address:

Post Code:

Phone:

Mobile Phone:

Email:

Your Broker

Name of Broker firm:

Name of your Broker:

Your Broker contact details:

Name of the police station where the accident/incident/theft was reported:

Is any police action pending against any of the parties involved? Yes No

If yes, what police action was taken and against who?

Is there any video or CCTV video available? e.g. vehicle on board camera (If yes, please retain a copy or tell us who we can get it from) Yes No

Provide details of Independent Witnesses:
(An independent witness has no association with any parties involved in the accident/incident/theft)

1. Name: _____ Ph. No. _____

Address: _____

2. Name: _____ Ph. No. _____

Address: _____

Any other Witnesses (not necessarily independent witnesses)

1. Name: _____ Ph. No. _____

Address: _____

2. Name: _____ Ph. No. _____

Address: _____

Your Driver

Surname: _____ **Given Names:** _____

Residential Address: _____

Date of birth: / / **Phone No:** _____

Driver's Licence No: _____ **Class:** _____

State of Issue: _____ Expiry Date: _____

Is the driver an employee of the insured? (If no, what is the relationship? e.g. sub-contractor) Yes No

Was any alcohol consumed or drugs taken in the 12 hours before the accident? (If yes give details) Yes No

Did the driver undergo a roadside breath test, or breath analysis, or swab test, or blood test or urine test or another type of test following the accident? Yes No

If Yes, what were the results of any of the tests?

Your vehicle – powered unit (prime mover/rigid/car/other)

Vehicle Make:

Vehicle Model:

Registration No:

Registration Expiry Date:

VIN/Chassis No:

Engine No:

Date Purchased:

/ /

Purchase Amount:

Name of registered owner: (if different from the Insured)

Name of finance company (if applicable):

What type of freight was being carried at the time of the accident?

Have you recently attempted to sell the vehicle?

Yes No

Who performs the servicing, maintenance and mechanical repairs on the vehicle?

Please outline the damage to your vehicle:

Is your vehicle fitted with tracking? (GPS or other type)

Yes No

Were any trailers of yours involved?

No - Proceed to 'WHERE IS YOUR VEHICLE' on page 6

Yes - Please complete trailer details following

Trailer 1

Trailer Make: _____ **Trailer Model:** _____

Registration No: _____ **Registration Expiry Date:** _____

VIN/Chassis No: _____

Date Purchased: / / **Purchase Amount:** _____

Name of registered owner: (if different from the Insured) _____

Name of finance company (if applicable): _____

What type of freight was being carried at the time of the accident? _____

Have you recently attempted to sell the vehicle? Yes No

Who performs the servicing, maintenance and mechanical repairs on the vehicle? _____

Is the trailer subject to a lease or hire agreement? _____

Please outline the damage to the trailer: _____

Trailer 2

Trailer Make: _____ **Trailer Model:** _____

Registration No: _____ **Registration Expiry Date:** _____

VIN/Chassis No: _____

Date Purchased: / / **Purchase Amount:** _____

Name of registered owner: (if different from the Insured) _____

Name of finance company (if applicable): _____

What type of freight was being carried at the time of the accident? _____

Have you recently attempted to sell the vehicle? Yes No

Who performs the servicing, maintenance and mechanical repairs on the vehicle? _____

Is the trailer subject to a lease or hire agreement? _____

Please outline the damage to the trailer: _____

Trailer 3

Trailer Make: _____ **Trailer Model:** _____

Registration No: _____ **Registration Expiry Date:** _____

VIN/Chassis No: _____

Date Purchased: / / **Purchase Amount:** _____

Name of registered owner: (if different from the Insured) _____

Name of finance company (if applicable): _____

What type of freight was being carried at the time of the accident? _____

Have you recently attempted to sell the vehicle? Yes No

Who performs the servicing, maintenance and mechanical repairs on the vehicle? _____

Is the trailer subject to a lease or hire agreement? _____

Please outline the damage to the trailer: _____

Where is your vehicle?

Where is the vehicle located now? _____

If at a repairer, what is the name & address of that repairer? _____

What is the telephone number of the repairer? _____

Has a quote been prepared for your vehicle? Yes No

Other person(s) & vehicle(s) involved in the accident

Name: _____ **Ph. No:** _____

Address: _____

Vehicle Make: _____ **Vehicle Model:** _____

Vehicle Registration No: _____

Description of damage to their vehicle/property: _____

Other person(s) & vehicle(s) involved in the accident

Name: _____ Ph. No: _____
Address: _____
Vehicle Make: _____ Vehicle Model: _____
Vehicle Registration No: _____
Description of damage to their vehicle/property: _____

Other person(s) & vehicle(s) involved in the accident

Name: _____ Ph. No: _____
Address: _____
Vehicle Make: _____ Vehicle Model: _____
Vehicle Registration No: _____
Description of damage to their vehicle/property: _____

Other person(s) & vehicle(s) involved in the accident

Name: _____ Ph. No: _____
Address: _____
Vehicle Make: _____ Vehicle Model: _____
Vehicle Registration No: _____
Description of damage to their vehicle/property: _____

Other person(s) & vehicle(s) involved in the accident

Name: _____ Ph. No: _____
Address: _____
Vehicle Make: _____ Vehicle Model: _____
Vehicle Registration No: _____
Description of damage to their vehicle/property: _____

Other person(s) & vehicle(s) involved in the accident

Name: _____ Ph. No: _____

Address: _____

Vehicle Make: _____ Vehicle Model: _____

Vehicle Registration No: _____

Description of damage to their vehicle/property: _____

Photographs of the accident scene & vehicles

Please provide any photographs or video of the accident scene and the damaged vehicle/s, including any 'dashcam' video.

AGENT OF THE INSURER

In accordance with the requirements of the Corporations Act 2001, HMIA in arranging or effecting this insurance, or dealing with or settling claims will be acting under an authority given to it by HDI Global Specialty SE – Australia. Accordingly, HMIA will be acting as an agent of the insurer and not an agent of the insured.

PRIVACY

Privacy legislation regulates the way private sector organisations can collect, secure, use, and disclose personal information. HMIA has developed a Privacy Policy, which explains what sort of personal information we hold about you and what we do with that information. We hold your personal information on databases and take all reasonable steps to securely retain any information we hold. We also maintain security procedures to manage and protect the use of paper records containing personal information. You have the right to seek access your personal information as well as correct it at any time. Please contact us on (02) 9227 8400 should you have any inquiries in relation to your information. To obtain a copy of HMIA's or the Insurer's Privacy Policy, please contact us or visit our website.

COMPLAINTS & DISPUTES RESOLUTION

If you have any complaints about the products or services provided to you, we have a complaints and internal dispute resolution process to try and resolve them as quickly as possible. Please contact us and tell us about your complaint.

If you are not satisfied with the outcome of this process, we will provide you with information about our External Dispute Resolution Mechanism.

Diagram of incident



Declaration

- I/we declare that to the best of my/our knowledge and belief, the information provided on this claim form and in any attached documentation is true and correct and that I/we have not withheld any relevant information.
- I/we consent to HMIA, Insurer and/or its agent using the personal information I/we have provided for the purpose of processing my/our claim.
- I/we understand that if I/we decide not to provide the required details, this is my/our choice; however, HMIA, the Insurer and/or its agent may not be able to process my/our claim.
- I/we consent to HMIA, the Insurer and/or its agent disclosing my/our personal information to other insurers, reinsurers, an insurance reference service, claims adjusters, lawyers and other consultants, or as required by law.
- I/we also consent to HMIA, the Insurer and/or its agent disclosing my/our personal information to and/or collecting additional information about me/us, from investigators or legal advisors.
- I/we acknowledge that I/we have read and understood the Privacy Statement and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim.
- I/we acknowledge that if I/we do not agree to the collection of this personal information then HMIA, the Insurer and/or its agent will be unable to process my/our claim.
- I/we authorise HMIA, the Insurer or its agent to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

I acknowledge I have read and approve that the information in the Declaration and acknowledge that the information provided in this claim form is true and correct

Name: _____

Date: / /

CLAIM LODGEMENT CHECKLIST

Please check to ensure that you have undertaken the following:

- All information requested in the claim form has been provided
- The Claim Form has been acknowledged by the Insured
- A copy of the driver's driver licence has been supplied
- A copy of current certificate/s of registration for all insured vehicles involved in the accident/incident has been supplied
- A copy of driver work diary (logbook) entries for the 12 days leading up to the accident has been supplied

N.B. The Insurer may also request that you provide servicing and maintenance records for your vehicle/s