

Clover OneMotor - Claim Form

Section A: Insured Details

Policy Holder/ Insured name			Policy Inception Date		
Insured's address					
			State		Postcode
Insured's postal address (if different from above)					
			State		Postcode
Contact details	Phone		Mobile		
	Email				
Broker Details (name and contact details)					

Section B: Driver's Details (or person last in charge of the vehicle before the incident)

Driver first name			Driver surname		
Driver address					
			State		Postcode
Driver postal address (if different from above)					
			State		Postcode
Contact details	Phone		Mobile		
	Email				
Driver date of birth		Licence type – please tick	Full ☐ Probationary ☐ Learners ☐ International ☐		
Driver licence number			Driver licence expiry date		

Section C: Vehicle Details

Vehicle year	Vehicle make	Vehicle Model	Vehicle identification number (VIN)	Registration Number

Section D: Loss/Damage Details

Please tick cause of loss/damage	Accident ☐ Theft ☐ Vandalism/malicious damage ☐ Hail ☐ Fire ☐ Flood/storm ☐ Other ☐				
	NOTE: If loss/damage was due to theft you may also need to complete Section E on page 3				
If "other" selected above, please state the cause					
What was the <u>exact location</u> of the vehicle at the time of the loss/damage? (i.e. street and suburb)					

Section D: Loss/Damage Details *(continued)*

Please provide full details of the incident that caused the loss/damage to occur

What was the date and time the loss/damage occurred?	Date		Time	
Was the vehicle being driven at the time of the incident?	Yes ☐	No ☐		
Did anyone witness the incident occurring?	Yes ☐	No ☐	▶ If 'No' to both answers go to Section E below	
Who, in your opinion, was at fault for the accident?				

Other Parties details: (Witness or Other parties involved in the incident)

Was the Other party involved in the incident or a witness?		Involved in incident ☐		Independent Witness ☐	
Title	Surname		Given names(s)		
Address				State	Postcode
Contact details	Phone		Mobile		
	Email			Rego	
Licence number	Insurer		Vehicle make		Vehicle model

Other Parties details: (Witness or Other parties involved in the incident)

Was the Other party involved in the incident or a witness?		Involved in incident ☐		Independent Witness ☐	
Title	Surname		Given names(s)		
Address				State	Postcode
Contact details	Phone		Mobile		
	Email			Rego	
Licence number	Insurer		Vehicle make		Vehicle model

Please supply additional information on a separate sheet, if necessary.

Section E: Accident Details

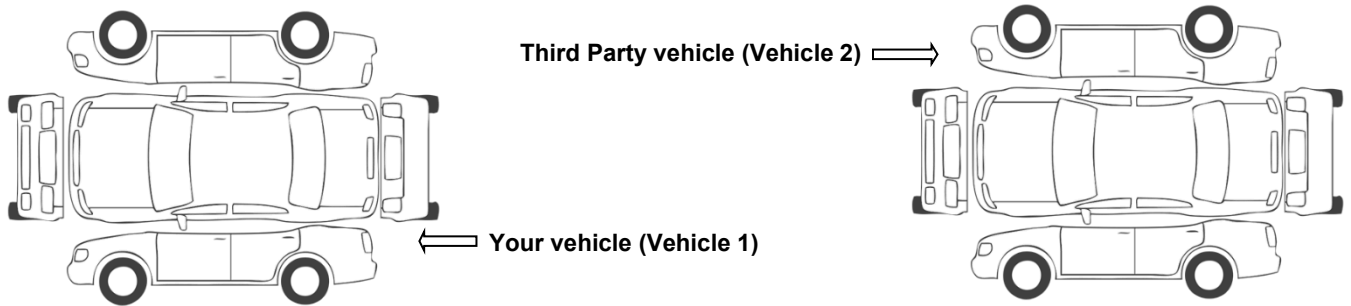
Is the damaged vehicle drivable?

Yes ☐

No ☐

► Please ensure you complete Section G below, if applicable

On the diagram below please shade which parts of the vehicle were damaged



Please draw a diagram of the circumstances surrounding the incident, in the space below:

Please describe the vehicle damage (e.g. damage to rear bumper)

Have you taken any photographs of the damage?

(Minor vehicle damage claims only)

No ☐

Yes ☐

► If 'Yes' please attach photographs with the completed form and email to: fleet@adica.com.au

Has the incident been reported to the police?

No ☐

Yes ☐

► If 'Yes', please supply police contact details below & attach a copy of the police report (if available).

Police Officer's name	Name of police station	Phone number	Report number

In the **12 hours** prior to the incident had the driver of the vehicle consumed any drugs, medications or alcohol?

Yes ☐

No ☐

If Yes, please list details below.

Section F: Theft Claim Details *(Complete only where theft of the entire vehicle has occurred)*

Has the vehicle been recovered?

Yes ☐

No ☐

► If 'No' go to Section G below

Where can the recovered vehicle be inspected?

Section G: Vehicle Towing

Was the vehicle towed?

No ☐

Yes ☐

Please provide towing company details below

Towing Company name

Vehicle location

State

Postcode

Contact details

Phone

Job number

Section H: Declaration

I,

(insert name above)

Date claim
submitted

/ /

declare that the information and answers given above are honest, correct and complete in every detail. I understand the claim may be reduced or denied if information is not true or withheld. I undertake to assist in every reasonable way in dealing with this matter.

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY THE PROCESSING OF YOUR INSURANCE CLAIM

The completion of this form and its receipt by us is not an indication that we accept any liability.

Email the completed form to cloverclaims@adica.com.au.

Mail to: Aioi Nissay Dowa Insurance Company Australia Pty Ltd. (Adica) PO Box 7212 Melbourne Vic 3004