

Paywise Commercial Motor Vehicle Insurance Claim form

Section A: Insured or Eligible Lessee's Details			
Company name of insured		Contact name	
Insured's address			
		State	Postcode
Insured's postal address (if different from above)			
		State	Postcode
Contact details	Phone		Mobile
	Email		
Paywise Customer ID			

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 <input type="checkbox"/> Probationary <input type="checkbox"/> Learners <input type="checkbox"/> International <input type="checkbox"/>
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

Section D: Loss/damage details (continued)

What was the exact location of the vehicle at the time of the loss/damage? (i.e. street and suburb)

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

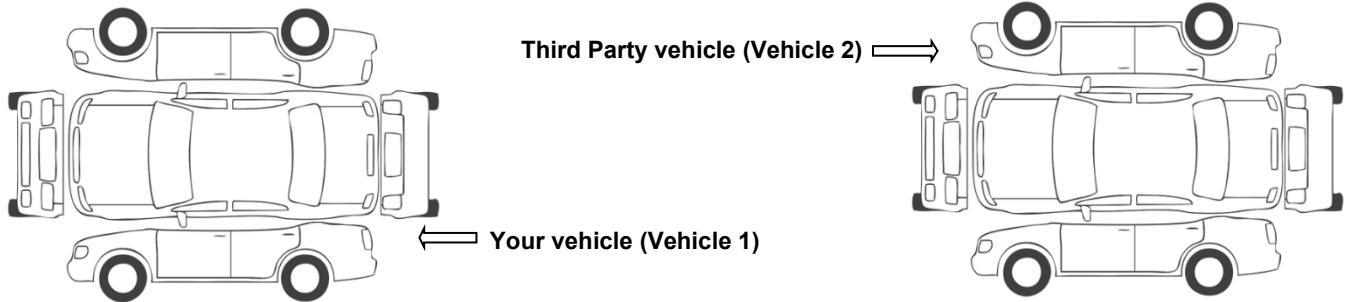
Is the damaged vehicle drivable?

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	<input type="text"/>		
Vehicle location	<input type="text"/>		
	State	Postcode	<input type="text"/>
Contact details	Phone	Job number	<input type="text"/>
<input type="text"/>			

Section H: Declaration

I, <input type="text"/>	Date claim submitted <input type="text"/>
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(insert name above)

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 fleet@adica.com.au, or mail to: Aioi Nissay Dowa Insurance Company Australia Pty Ltd. PO Box 7212 Melbourne Vic 3004

(09/2022)