



ORIX AUSTRALIA CORPORATION LIMITED MOTOR VEHICLE CLAIM ADVICE

INSURED DETAILS

Company Name: _____

A.B.N. No.: _____ Income Tax Credit (ITC) %: _____

Address: _____

Division: _____

PARTICULARS OF MOTOR VEHICLE

Make: _____ Type: _____ Year: _____ Reg. No. _____

DRIVER DETAILS

Name: _____ Date of Birth: ___ / ___ / ___

Sex: M F

Address: _____ Postcode: _____

Phone (Bus): _____ Phone (Private): _____

Licence No: _____ Expiry Date: ___ / ___ / ___

How long has the driver been licensed in Australia? _____ Year licence first issued: _____

Was the vehicle being driven or used WITHOUT the owner's consent? (Y / N)

Has the driver (if other than the Insured), any Motor Vehicle Insurance in own name? (Y / N)

ACCIDENT DETAILS

Date: _____ Time: _____

Place of Accident or Loss: _____

Suburb or Town: _____

Where were you going? From: _____ To: _____

Weather at the time of accident: _____

Was this accident reported to the Police? (Y / N)

Police Station: _____

Who do the Police consider responsible for the accident? _____

Who do you consider responsible for the accident? _____

Speed at the time of the accident? Your Vehicle: _____ Other Vehicle: _____

Did you consume any alcohol or take any drugs 12 hours prior to the accident? (Y / N)

Did you undergo a breath or blood test or analysis? (Y / N)

If yes, what was the result? _____

Has the driver been involved in any prior motor accidents? (Y / N)

Has the driver had a licence cancelled or suspended within the last 2 years? (Y / N)

DAMAGE TO INSURED VEHICLE

Area Damaged: _____

Vehicle is now at: Repairer: _____

 Address: _____

 Phone No.: _____

DESCRIPTION OF HOW THE ACCIDENT OCCURRED

DRIVER OF OTHER VEHICLE

Name: _____

Address: _____

Licence No.: _____ Date of Birth: ___ / ___ / ___

Name of Registered Owner: _____

Address: _____

Phone No.: _____

Make of Vehicle: _____ Registration No.: _____

Name of Insurance Company: _____

DAMAGE TO OTHER VEHICLE

Area Damaged: _____

Amount: \$ _____

Damage to other property: _____

WITNESS TO ACCIDENT

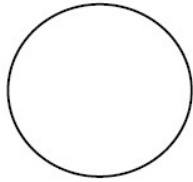
Name: _____

Address: _____

Phone No.: _____

DIAGRAM OF ACCIDENT

Indicate North



with arrow

SYMBOLS FOR PLAN

Street Intersection	
Curved Street	
Persons	
Your Vehicle	
Other Vehicle	
(Direction of travel indicated by arrow in symbol)	
Parked Vehicle	
Tram Tracks	
Stop Signs	
Give Way Signs	
Pedestrian Crossing	
Traffic Light	
Priority Road Metcon	

The information is, to the best of my knowledge and belief, true in every respect.

Signature of Insured: _____

Date: _____

I declare that the above particulars are true in every respect.

Signature of Driver: _____

Date: _____

Please return this completed form by

Fax to **02 9856 6634** or Email to **orix.insurance@orix.com.au**

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Risk Services