

New Motor Claim

Notification form

Policy No:			
Name of Insured (as shown on the Policy)			
ABN (if applicable)		ITC%	

Contact details

Contact Name:

Contact Email:

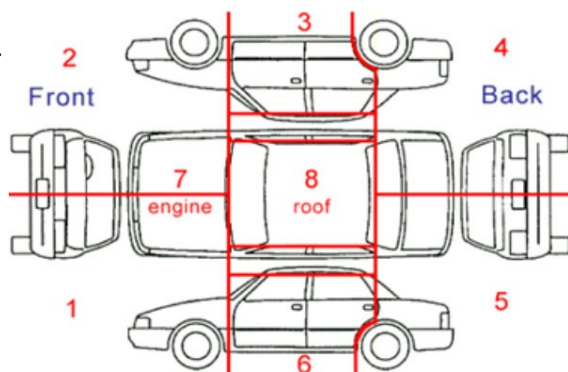
Contact Phone No.:

Accident details

Date of Loss:

Time:

Location:



Area 1

Area 2

Area 3

Area 4

Area 5

Area 6

Area 7

Area 8

Please identify where damage has been done to your vehicle

Brief description of the incident

Vehicle details

Year / Make / Model:	
Rego No.:	
Chosen repairer:	

Insured's driver details

Drivers Name:			
Driver's Address:			
Driver's Licence No		Expiry:	
Years License Held			
Driver's Date of Birth			
Were any drugs/alcohol consumed in past 24 hours:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you had any accidents in last 5 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If Yes			
Have you had you license cancelled or suspended in the last 5 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If Yes			

Other driver details
(If you are not at fault ALL of the following information is critical for removal of the Policy excess)

Driver's Name:		
Driver's Address:		
Driver's Phone No.:		
Year / Make / Model:		
Rego No.		
Insurer	Claim No.	

Witness details
(if more than one witness please send details to claims@asparq.com.au)

Name:	
Phone No.:	
Police Report No:	

DECLARATION

I declare that, to the best of my knowledge and belief, the information provided in this form is true and correct and I have not withheld any relevant information.

Please sign and date:	
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