



TLI Underwriting Pty Ltd
Level 5, 200 Adelaide St, Brisbane QLD 4000
(07) 2143 4197
enquiries@tliunderwriting.com.au
ABN: 73 685 540 381

HEAVY MOTOR CLAIM FORM

INSURED DETAILS

Insured Name:

Address:

Contact Phone Number:

ABN:

Policy Number:

ITC Entitlement %:

Contact Person's
Email:

VEHICLE INVOLVED IN CLAIM DETAILS

Year:

Make & Model:

Registration Number:

Registration Expiry:

VIN:

Date vehicle was purchased:

Is the vehicle financed?
Yes/No

If Yes, please provide the financier:

Are you the owner of the vehicle? Yes/No
If No, please provide the owners name:

ADDITIONAL INSURED ITEMS INVOLVED IN THE ACCIDENT

Year:

Make & Model:

Registration Number:

Registration Expiry:

VIN:

Date vehicle was purchased:

Is the vehicle financed?
Yes/No

If Yes, please provide the financier:

Are you the owner of the vehicle? Yes/No
If No, please provide the owners name:

Year:

Make & Model:

Registration Number:

Registration Expiry:

VIN:

Date vehicle was purchased:

Is the vehicle financed?
Yes/No

If Yes, please provide the financier:

Are you the owner of the vehicle? Yes/No
If No, please provide the owners name:



TLI Underwriting Pty Ltd
Level 5, 200 Adelaide St, Brisbane QLD 4000
(07) 2143 4197
enquiries@tliunderwriting.com.au
ABN: 73 685 540 381

INSURED VEHICLE DAMAGES

Provide details of the damage sustained to Your Vehicle:

Was the vehicle towed from the scene? Yes/No

If Yes, please provide details.

Tow Company:

Address where vehicle was towed:

Is the vehicle still driveable? Yes/ No

Address where the vehicle can be assessed:

Provide a diagram of the accident details.

List your vehicle as A and third party as B, if applicable additional third parties involved in the accident are to be listed.

DRIVER'S DETAILS

Driver's Full Name:

Driver's Address:

Driver's Date of Birth:

Age:

Driver's Licence
Number:

Driver's Licence Expiry Date:

Licence Class:

How long has this class been held?

Was the vehicle being driven with the Insured's consent? Yes/No:



TLI Underwriting Pty Ltd
Level 5, 200 Adelaide St, Brisbane QLD 4000
(07) 2143 4197
enquiries@tliunderwriting.com.au
ABN: 73 685 540 381

A copy of the Drivers Licence front and back must be submitted with the claim form.

DRIVERS PREVIOUS HISTORY

Has the driver of the vehicle:

1. Had a licence suspended or cancelled within the last 5 years? Yes/No
2. Experienced any physical or mental health issues that might impair your ability to drive? Yes/No
3. Had a motor vehicle policy cancelled or refused by any insurer? Yes/No
4. Been convicted of driving under the influence (DUI) in the last 5 years? Yes/No

If you have answered Yes, please provide further details:

Did the driver undergo a breathalyser / blood test / urine or oral test at the time of the accident or within 48 hours following the accident? Yes / No

If you have answered Yes, please provide further details:

ACCIDENT DETAILS

Date of Accident:

Time of Accident:

Exact Accident Location

Address:

State:

Postcode:



TLI Underwriting Pty Ltd
Level 5, 200 Adelaide St, Brisbane QLD 4000
(07) 2143 4197
enquiries@tliunderwriting.com.au
ABN: 73 685 540 381

Describe the accident in detail:

Speed of your vehicle at the time of the accident:

Speed of third party vehicle at the time of the accident:

Destination of your vehicle:

Weather and road conditions at
the time of the accident:

Was there any Dashcam or video footage of the accident? Yes/No
If Yes, please provide with the claim form.

Who is responsible for the accident in your opinion and why?

Did the police attend the accident site? Yes/No

Name and details of the police officer and their police station:

THIRD PARTY DETAILS

Name:

Address:

Phone Number:

Third Party Drivers Licence Number:

Third Party Drivers Email Address:

Third Party Vehicle Details

Year:

Make & Model:

Registration
Number:

Third Party Insurer:

Third Party Insurer Claim Number/Policy Number if known:



TLI Underwriting Pty Ltd
Level 5, 200 Adelaide St, Brisbane QLD 4000
(07) 2143 4197
enquiries@tliunderwriting.com.au
ABN: 73 685 540 381

Was there any independent witness to the accident? Yes/No

Witness Name:

Witness Address:

Witness Phone Number and/or Email Address:

Did the accident cause any third party damages? Yes/No

DECLARATION

I confirm that, to the best of my knowledge, the responses provided in this Claim Form are accurate and truthful. I believe I have disclosed all information relevant to the processing of this claim. If any of the answers, especially those concerning the accident details or myself, are not written in my own handwriting, I have reviewed them and certify that they are correct.

Completed by (Full Name):

Title / Position:

Signature:

Date:



TLI Underwriting Pty Ltd
Level 5, 200 Adelaide St, Brisbane QLD 4000
(07) 2143 4197
enquiries@tliunderwriting.com.au
ABN: 73 685 540 381

ADDITIONAL THIRD PARTY DETAILS

Name:

Address:

Phone Number:

Third Party Drivers Licence Number:

Third Party Drivers Email Address:

Third Party Vehicle Details

Year:

Make & Model:

Registration
Number:

Third Party Insurer:

Third Party Insurer Claim Number/Policy Number if known:

Name:

Address:

Phone Number:

Third Party Drivers Licence Number:

Third Party Drivers Email Address:

Third Party Vehicle Details

Year:

Make & Model:

Registration
Number:

Third Party Insurer:

Third Party Insurer Claim Number/Policy Number if known:

Name:

Address:

Phone Number:

Third Party Drivers Licence Number:

Third Party Drivers Email Address:

Third Party Vehicle Details

Year:

Make & Model:

Registration
Number:

Third Party Insurer:

Third Party Insurer Claim Number/Policy Number if known: