

MOTOR VEHICLE CLAIM FORM



FERRARI INSURANCE

PART A

INSURANCE DETAILS

Given name

Surname

Driver's name (if different than insured name)

Date of birth

Address

State

Postcode

Phone (Mobile)

Phone (Work)

Phone (Home)

Email

Year/Make/Model

Registration No

License No

Expiry date

Company details (if applicable)

Company name

ABN

Are you registered for GST?

Yes

No

To what extent are you entitled to claim an ITC?

%

PART B

INCIDENT DETAILS

Date of incident

Time of incident

AM

PM

Location of the incident

Weather

Fine

Wet

Overcast

Stormy

Period

Day

Night

Is the vehicle drivable?

Yes

No

Incident reported to the police?

Yes

No

If Yes, Report No

Officer's name

Station name

Incident description

Damage description

Towing company name

Telephone

Repairer

Telephone

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FERRARI INSURANCE

PART C

THIRD PARTY DETAILS

THIRD PARTY 1

Full name

Address

Phone

Email

Year/Make/Model

Registration No

License No

Expiry date

Insurance

Policy No

Damage description

THIRD PARTY 2

Full name

Address

Phone

Email

Year/Make/Model

Registration No

License No

Expiry date

Insurance

Policy No

Damage description

WITNESS DETAILS

Full name

Address

Phone

Email



PART D

DIAGRAM OF INCIDENT

Please complete a diagram of the incident

Please email or send this form to:

claims@ferrari-insurance.com.au

Metrix Insurance, 4 Akuna Drive, Williamstown VIC 3016

For further information please call **1300 458 488**