

Insurer: Insurance Australia Limited ABN 11 000 016 722 AFS Licence No 227681 trading as Swann Insurance (Swann). Policy No.

For **accidental damage** to your **Caravan**, please complete all sections as applicable

For the **Tyre & Rim Additional benefit**, please refer to the separate **Tyre & Rim** claim form

For **natural peril damage such as storm, hail or flood** to your **Caravan**, please complete:

- Your personal information
- Your caravan information
- Type of claim
- Tell Us about the incident
- Information of person last in charge of your caravan
- Damage to your caravan
- Declaration & Authority

For **Contents or Annexe only** where no other vehicle was involved, please complete:

- Your personal information
- Your caravan information
- Type of claim
- Tell Us about the incident
- Information of person last in charge of your caravan
- Police report (if applicable)
- Damage to your caravan – please mark NO damage to your caravan
- Declaration & Authority
- Declaration & Authority

For **criminal damage such as theft, arson or malicious damage** to your **Caravan**, please complete:

- Your personal information
- Your caravan information
- Type of claim
- Tell Us about the incident
- Information of person last in charge of your caravan
- Police report (if applicable)
- Damage to your caravan
- Declaration & Authority

NOTE: in addition to the above where anyone other than the insured has suffered a **Personal Injury**, please also complete:

- Personal Injury if not related to insured

**YOUR PERSONAL INFORMATION (POLICY HOLDER)**

Title	Given name(s)	Surname
Address		State
Preferred Contact No.	Email	

## YOUR CARAVAN INFORMATION

Reg. No.	Year	Make
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Model	Caravan Use	
<input type="text"/>	Private <input type="text"/>	Other <input type="text"/> Onsite <input type="text"/>
Accessories/Modifications – Please list all accessories/modifications to the caravan		
<input type="text"/>		
Name of registered owner	Preferred Contact No.	
<input type="text"/>	<input type="text"/>	
Address	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## TYPE OF CLAIM

Claim Type	Other - Please specify
<input type="text"/>	<input type="text"/>

## TELL US ABOUT THE INCIDENT

Date of incident	Time	Where did the incident occur?
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>

How did the incident happen? Describe in detail the circumstances leading up to the incident and how the incident happened. It is important to be as accurate as you can. Please tell us all the facts, even if they are not in your favour. Tell us which person you feel is at fault and why.

## INFORMATION OF PERSON LAST IN CHARGE OF YOUR CARAVAN

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Preferred Contact No.	Birth Date	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Licence/Permit number	Date First Obtained	Date Expires
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

## PERSONAL HISTORY OF THE INSURED PERSON AND/OR DRIVER

The information below relates to you and all other persons likely to be in charge of your caravan.

In the last 5 years, have you and all other persons likely to be in charge of your caravan:	Yes/No
Made two or more at fault claims?	<input type="text"/>
Had any vehicles stolen or written off?	<input type="text"/>
Had an application for motor vehicle/motorcycle/caravan insurance refused or had a policy declined or cancelled?	<input type="text"/>
Been convicted of any criminal offence?	<input type="text"/>
Been imprisoned for 3 months or more?	<input type="text"/>
Had a drivers/riders licence suspended, cancelled, endorsed or restricted?	<input type="text"/>
Been charged or convicted of driving/riding without a valid licence or permit?	<input type="text"/>
Been convicted or fined, or have charges pending for any alcohol or drug related driving/riding offences?	<input type="text"/>

## POLICE REPORT

Had any alcohol or drugs been taken by the person in charge of the caravan during the 12 hours prior to Incident?

Time   Amount and type taken

Was the incident reported to the police?

Date  /  /  Time   Police report number

Did police attend?

Name of Officer  Stationed at

Did you or your Driver have a breathalyser, blood alcohol or drug test?

Provide results/reading

## OTHER VEHICLES INVOLVED (DO NOT PUT IN DETAILS OF THE INSURED VEHICLE)

Vehicle 1

Make of Vehicle  Registration number

Driver's Name  Vehicle colour

Driver's Address  Postcode

Preferred Contact No.  Drivers/Riders Licence No.

Insurance Company  Policy No.

Vehicle 2

Make of Vehicle  Registration number

Driver's Name  Vehicle colour

Driver's Address  Postcode

Preferred Contact No.  Drivers/Riders Licence No.

Insurance Company  Policy No.

## PERSONAL INJURY IF NOT RELATED TO INSURED

Please provide details of injured person.

**Injured Person's Details**

Full Name

Telephone No.

Address

Postcode

Was the bodily injury sustained within 12 months of the incident?

Were you treated at a Medical Facility or Hospital for your injuries?

Name of Medical Facility/Hospital

Address of Medical Facility/Hospital

Name of Doctor

Please describe your injuries from the incident

## WITNESSES

Were there any witnesses?  If yes, please give details

Witness 1 Name

Preferred Contact No.

Witness 2

Preferred Contact No.

Witness 1 Address

Witness 2 Address

## DAMAGE TO YOUR CARAVAN

If stolen, has your caravan been recovered?

Was the caravan towed?

by whom?

Where is the caravan now?

Repairer's Name(s)

Preferred Contact No.

Repairer's Address

Total of repair quote

\$

Was the annexe damaged/stolen?

Provide details:

Were any contents damaged/stolen?

Provide details:

## DECLARATION AND AUTHORITY

1. I/we declare that to the best of my/our knowledge and belief the particulars in this form are true and correct and I/we have not withheld any relevant information.
2. I/we undertake to give every assistance in dealing with this matter.
3. I/we authorise Swann Insurance to obtain all relevant information from the Police Department and/or my/our driving history/record from the appropriate Road Traffic Authority.
4. A photocopy of this authority may be acted on as if it were the original.
5. I consent to Swann Insurance using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, Swann Insurance may not be able to process my claim.
6. I consent to Swann Insurance disclosing my personal information to other insurers, an insurance reference service, the financier, its service providers and/or advisors, any third party with whom I have been dealing in respect of this insurance and who referred me to Swann Insurance, and any other party as permitted or required by law. I consent to Swann Insurance also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.
7. I hereby authorise you as my agent to remove the caravan to any place of storage or repair and take any other action you consider necessary to implement repair or reinstatement of caravan.

You have also confirmed that the caravan:

- Has not been modified other than any modifications that are in accordance with the manufacturer's standard performance, handling and safety specifications.
- Is for personal use only.
- Is in good working condition and does not have any pre-existing damage.

Insurance Australia Limited ABN 11 000 016 722 AFS Licence No 227681 trading as Swann Insurance (Swann).

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