



SOUTHERN
CROSS
Assurance
Limited

Motor Vehicle Claim Form



Motor Vehicle Claim Form

Welcome To Southern Cross Assurance Limited

If your vehicle requires to be towed, please call

SCAL Claims Assist :

Land Line : 321 7594
Digicel : 72107287
71697528

When You call, we will

- Arrange for the damaged vehicle to be towed to a SCAL Network Repairer
- Arrange for the driver to be returned to their office or residence
- Arrange to have the vehicle quoted, assessed and repaired
- Arrange to have the repaired vehicle returned to the driver
- Provide a guarantee for all repairs completed at a SCAL Network Repairer

If the vehicle is driveable:

Obtain two to three repair quotations. One has to be from SCAL Network Repairer and have these quotes returned immediately with this duly completed Claim Form.

After we have gone through all the submitted documents, we will then authorise repairs to be carried out.

If there is no damage to your vehicle:

Complete your claim form and post, fax or e-mail it (with any correspondence received from the other party) to your nearest SCAL office Obtain two to three repair quotations. One has to be from SCAL Network Repairer and have these quotes returned immediately with this duly completed Claim Form.

After we have gone through all the submitted documents, we will then authorise repairs to be carried out.

Complaints Procedure

If you do not agree with any decision we make in relation to the Policy, please write to us stating what you disagree with and why.

We will then resolve or attempt to resolve your complaint immediately, or we will refer the matter to our Relationship Unit to have this complaint resolved.

You are required to provide all information which SCAL may reasonably require, and any omission may adversely affect the cover under your Policy.

The Southern Cross Assurance Limited office is located at Level 9 Monian Tower, Douglas Street, Downtown, Port Moresby, National Capital District.



Motor Vehicle Claim Form

SECTION 1 : THE INSURED

Insured Details			
Name of Insured			
Address of Insured			
Policy Number			
Policy Period			
Telephone No.		Email address	

SECTION 2 : VEHICLE DETAILS

Vehicle Make			
Vehicle Model		Registration No.	
Year of Make		Colour	
Chassis Number		Engine Number	
Policy Number			
Interested Party/ Finance Company/Bank			

SECTION 3 : TYPE OF CLAIM

[] Collision (go to Section 4) [] Theft (go to Section 6) [] Hail/Fire/windscreen (go to Section 8)

SECTION 4 : THE DRIVER

Driver Details			
Name of Driver			
Address of Driver			
Date of Birth		Driver's Licence No.	
Class of Licence		Licence Expiry Date	
Driving Experience		Telephone Number	
Mobile No.		Email Address	



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Has the driver attended a company sponsored driver-training course within the last two years? [] Yes [] No

Did the driver consume any alcohol or take drug within 12 hour prior to the collision? [] Yes [] No

If Yes, please state how much and when.....

Was the driver sober at the time of collision? [] Yes [] No

Did the driver undergo a breath or blood test? [] Yes [] No

If Yes, please state the result. :.....

SECTION 5 : THE OTHER VEHICLE

Name of Driver					
Address of Driver					
Date of Birth		Driver's Licence No.			
Class of Licence		Licence Expiry Date			
Driving Experience (years)					
Telephone No		Mobile No.		Email Address	
Registered Owner					
Owner's Address					
Owner's Telephone No		Mobile No.		Email Address	
Vehicle Make					
Vehicle Model					
Year of Make					
Chassis Number					
Policy Number					
Interested Party/ Finance Company/Bank					

SECTION 6 : WITNESS TO THE COLLISION /THEFT

Name of Witness					
Address of Witness					
Telephone No		Mobile No.		Email Address	



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SECTION 7 : POLICE INVOLVEMENT

Did the Police attend the collision / theft scene	[] Yes	[] No
If No, was the incident reported to Police	[] Yes	[] No
If Yes, which Police Station?		
Who do the Police consider at fault?		

SECTION 8 : DETAILS OF THE LOSS / DAMAGE

Date of the accident / loss occur?		Approximate Time of Loss?	
Where did the loss / damage occur?			
Who do you consider responsible for the loss/damage, and why?			
What speed were the vehicles travelling at the time of the loss / damage occurring?			
Describe the weather at the time of the loss / damage and why?			
What speed were the vehicles travelling at the time of the loss/damage occurring?	Your vehicle		Other vehicle

Describe how the loss/damage occurred.

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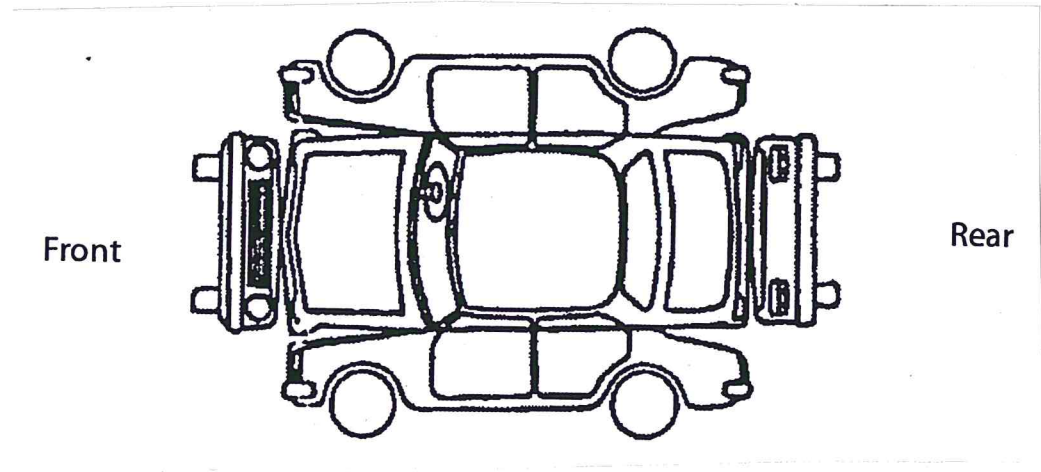
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Was there any damage to your vehicle prior to this loss/damage occurring? Yes No

If *Yes*, please provide details:-

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Please indicate on the diagram below, the area of damage to your vehicle before this accident.





Motor Vehicle Claim Form

If your vehicle was damaged in a collision, please draw a diagram of the incident.

SECTION 9 : DECLARATION

This information is, to the very best of my knowledge, true in every respect.

Signature of Driver

Signature of authorised manager
or insured

Dated

Dated