

Car Insurance Claim Form

When completing this form you need to be honest, accurate and truthful in your answers. We may reduce or refuse to pay a claim if you have not answered our questions in this way. By completing this form you are confirming that you have read our Privacy Policy available online at woolworths.com.au/insurance. **If any of the following questions are not relevant, please mark the box with N/A. If the space provided is insufficient to capture any of your responses, please attach additional pages as required.**

Your details:

Policy number

First name

Surname

Address

Suburb

State

Postcode

Phone (mobile)

(other)

()

Email

Driver details:

Name of person driving your car

Driver date of birth

/ /

Driver Licence number

Expiry

/ /

Your car:

Car registration number

Was your car towed?

No

Yes

Incident details:

Date and time the incident occurred

/ /

:

am/pm

Tell us in detail what happened

Where did the incident occur?

Did the incident involve another car?

No

Yes

If Yes, please provide details below

Driver name

Driver Licence number

Address

Is it alleged that anyone involved in the incident consumed alcohol or drugs within 12 hours prior?

No

Yes

Was the incident reported to the police?

No

Yes

Submitting your form:

Once your claim form has been received, a member of our claims team will call you the following business day to discuss your claim.

Alternatively, download, print and fax this form to (02) 8889 9511.