

Excess Plus Reimbursement Insurance Claim Form



Sovereign Insurance Australia Pty Ltd

ABN 85 138 079 286

COMPLETING THIS CLAIM FORM: This form must be completed by the customer as noted on their Policy.

1. If you have insufficient space to enter all your claim information, please attach a separate signed and dated sheet.
2. Please return completed form to: claims@theclaimshub.com.au

CLAIM AUTHORISATION NUMBER (Office Use Only)

POLICY INFORMATION

Policy Number

Date of issue

Issued by

VEHICLE DETAILS

Rego

Make

Model

DRIVER DETAILS

Name

Email

Telephone Phone

Driver licence no

DETAILS OF THE COMPREHENSIVE MOTOR INSURER & ACCIDENT

Date of accident

Claim number

Insurer

Was the driver at fault?

Yes No

Brief description of accident

AUTHORISATION OF PAYMENT: CUSTOMER PAYMENT DETAILS (will be redacted after use)

BSB of nominated account

Account number of nominated account

DOCUMENTATION - PLEASE PROVIDE A COPY OF THE FOLLOWING

- Your current Excess Plus Reimbursement Insurance Policy Schedule for the period in which the At Fault Collision occurred
- Your motor vehicle insurance policy
- The receipt/invoice from your motor vehicle insurance company/repairer showing the excess amount
- A copy of the damage repair quote as issued by the repairer
- Statement of events as issued by the comprehensive insurer

CLAIM DECLARATION - By signing this form I confirm all the details within it are accurate.

Signature

Name

Date

This form is for information collection purposes only. The precise cover provided is subject to the terms, conditions and exclusions set out in the Excess Plus Reimbursement Insurance.