



# Lumley General Insurance

## Motor Vehicle Accident Claim Form

### 8. DESCRIPTION OF ACCIDENT

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### Diagram of Accident

Indicate North



with Arrow

#### LEGEND

- Stop Sign
- × Traffic Lights
- △ Give Way

### Privacy Statement

This information will be treated with confidentiality and will be only released as per the requirements of the General Insurance Information Privacy Principles. We collect and store the information for the sole purpose of maintaining your insurance details. If you require any further information, please contact your local Lumley state office.

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

Signature of driver \_\_\_\_\_ Signature of Authorised Manager \_\_\_\_\_

Date  / /

Date  / /

**Lumley General Insurance Limited**

TAS Level 1, 27 Paterson Street, Launceston Phone (03) 8331 5844 Fax (03) 8331 1370

