

Had an accident?

Not to worry, all you need to know is at hand...

At Budget Direct we understand that accidents happen and sometimes insurance can be confusing!

To help minimise the stress and confusion, we have created a step by step guide to help you lodge your claim after an accident.

Remember to keep this important information handy in your glovebox.

Just need a quick windscreen repair?

Simply call our claims department on 1300 885 996. Once the claim is lodged over the phone, one of our friendly operators will transfer you to our partner windscreen suppliers. It's as simple as that!

Glovebox Guide



Car Insurance Claims **1300 885 996** Roadside Assistance Claims 1800 514 448

My Policy Number:	
Registration:	
Your Claim Number:	

Has anybody been injured?

If so, call emergency services straight away on 000

How to lodge a claim

Step 1. Exchange details

Make sure you exchange details with the other driver/s involved. You can record their details in the other Driver's/Witness Details section of this form.

If possible take photos of the other driver's and your own vehicle damage.

Step 2. Collect the required **Information**

It'll be quicker and easier for you to lodge your claim with the following information hand; your policy number, details of the incident (including time and place), other drivers/witnesses details, details of any tow-truck company used and police report number (if applicable).

Step 3. Lodge your claim online 24/7

You can lodge your claim online and book an assessment of your vehicle's damage.



Simply log in your your online account at www.budgetdirect.com.au/myaccount



If you prefer, you can lodge your claim over the phone. Just call 1300 885 996

Step 4. Leave it with us

You'll hear from us within 2 business days. We'll let you know if we require any further information & advise of the next steps. You may be asked to pay an excess

Other Driver's/Witness Details Name:	
Contact Number:	
Address:	
Registration:	Licence Number:
Make/model/colour of the vehicle:	
Insurance Provider Details:	
Name:	
Contact Number:	
Address	
Address:	
Registration:	Licence Number:
Make/model/colour of the vehi	cle:
Insurance Provider Details:	
insurance Provider Details:	