

LSV insurance claim form



Underwritten by Lumley General Insurance Limited ABN 24 000 036 279 Level 1, 369 High Street, Kew VIC 3101
Tel: 1300 369 769 Fax 1300 885 616.

When you call, we will:

- ✓ advise on the damaged vehicle to be towed to your preferred repairer or a Lumley Network Repairer
- ✓ advise on having the vehicle quoted, assessed and repaired
- ✓ provide a guarantee for all repairs completed at a Lumley Network Repairer.

If the vehicle is drivable:

Your LSV policy provides you with the choice of your repairer. Take your vehicle to your preferred repairer or our Lumley Network Repairer and arrange for a quotation. Ask the repairer to contact LSV for the assessment procedure. Where possible, leave a copy of the Claim Form with the repairer prior to it being assessed. If you don't know where the nearest Lumley Network Repairer is located, just ring LSV or go to the Lumley website www.lumley.com.au for a complete listing.

If there is no damage to your vehicle:

Complete your Claim Form, and post or fax it (with any correspondence received from the other party) to LSV, details at the bottom of this page.

Privacy

We respect your privacy and we comply with the Privacy Act 1988 and the National Privacy Principles. A copy of our Privacy Policy is available on our website www.lsvinsurance.com.au or contact us on 1300 369 769 for further information.

Complaints Procedure

If you are unhappy with any decision we may make in relation to our management of this claim please contact us and we will attempt to resolve your complaint immediately. If we are unsuccessful in resolving the matter we will refer it to our Internal Dispute Resolution Committee (IDRC) for further consideration.

If you are unhappy with our IDRC decision you may refer your dispute to the Insurance Ombudsman Service (IOS). The IOS provides a free and independent dispute resolution service for consumers who have general insurance disputes that are covered by its Terms of Reference. If you wish your dispute to be heard by the IOS, you must refer your dispute to the IOS within three calendar months of receiving our IDR decision and you can do this by contacting the IOS at:

Insurance Ombudsman Service

P.O. Box 561
Collins Street West,
Melbourne Vic. 8007
1300 78 08 08 (National toll free)
Fax: (03) 9621 2060
Email: ios@insuranceombudsman.com.au
Website: www.insuranceombudsman.com.au

Lumley Special Vehicles

incorporating



Prestige Car Insurance



looking after legends

www.lsvinsurance.com.au
Tel: 1300 369 769 Fax 1300 885 616.

1. Insured Details

Insured/Company (your details)

Address

Postcode

Policy number

Due date

Phone number

Email

Goods and Services Tax:

(a) Australian Business Number (ABN), if applicable

(b) entitlement to an Input Tax Credit in respect of:

(i) Insurance premium % and (ii) vehicle which is the subject of this claim %

2. Insured Vehicle Details

Year

Make

Model

Colour

Registration number

Finance company (if applicable)

Use of the vehicle at the time of the loss/damage (✓) Daily Twice weekly Twice monthly Business Restoration/
storage

3. Claim Details

Claim Type (✓) Collision (go to Section 4) Theft (go to Section 7) Hail / Flood / Fire / Windscreen (go to Section 8)

4. Driver Details

Driver (✓) Insured Family member Other

Name

Address

Postcode

Phone number

Mobile number

Date of birth (dd/mm/yyyy)

Drivers licence number

Class

Expiry Date (dd/mm/yyyy)

Driving experience (years)

Did the driver consume any alcohol or take any drugs within the 12 hours prior to the collision?

Yes

No

If Yes, please state how much, when and with whom

Was the driver sober at the time of the collision?

Did the driver undergo a breath or blood test?

If Yes, please state the result and attach a copy of test result

5. Other Party Details

Driver's name

Driver's address

Postcode

Driver's phone number

Date of birth (dd/mm/yyyy)

Driver's licence number

Registered owner

Owner's address

Postcode

Owner's phone number

Year

Make

Model

Colour

Registration number

Insurance company

Estimated cost of damage

Area of damage to the other vehicle

Please advise of any other property damage (eg building, fence etc)

6. Witness Details Please indicate on diagram of accident in section 8 where witness was located.

Name

Address

Postcode

Phone number

Age

7. Police Involvement

Did the Police attend the collision / theft scene?

Yes

No

If No, was the incident reported to Police?

If Yes, which Police Station? (Please also attach a copy of the police report)

Who do the Police consider was at fault?

8. Details of the Loss/Damage

Date (dd/mm/yyyy)

Time

am

pm

Where did the loss / damage occur? (street, suburb etc)

Who do you consider responsible for the loss / damage, and why?

Describe the weather at the time of the loss / damage.

What speed were the vehicles travelling at the time of the loss / damage occurring?

Your vehicle

Other vehicle

Section 8 cont...

Describe how the loss / damage occurred.

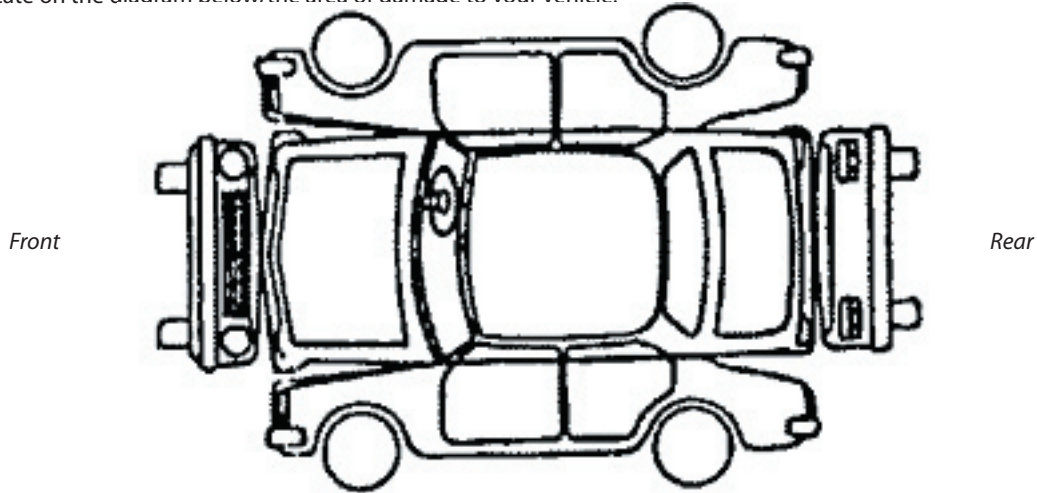
[Empty text box for describing the loss/damage]

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

If Yes, please provide details.

[Empty text box for providing details of prior damage]

Please indicate on the diagram below the area of damage to your vehicle.



If damage was sustained in a collision, please draw a diagram of the incident indicating travelling direction and location of all vehicles involved

[Empty area for drawing a collision diagram]

Legend

- Stop Sign
- X Traffic Lights
- Δ Give Way
- Your Vehicle
- Other Vehicle

Was your vehicle towed from the accident scene? Yes No

If yes, by whom and to where was it towed?

[Empty text box for towing details]

Is your vehicle currently at a repair shop? Yes No

If yes, at which repair shop?

[Empty text box for repair shop name]

If no, please provide quote details so we may arrange to assess damage to your vehicle

[Empty text box for quote details]

9. Declaration

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

I/We understand the claim may be refused or reduced if information is not true or is withheld.

I/We authorise the insurer to disclose information contained herein to their advisors, reinsurers and to other insurers. I/We authorise the insurer to obtain from any other party information that is, in the insurer's view relevant to this claim.

Signature of driver

[Signature line for driver]

Signature of authorised manager or insured

[Signature line for authorised manager or insured]

Date (dd/mm/yyyy)

[Date line for driver]

Date (dd/mm/yyyy)

[Date line for authorised manager or insured]