



National Transport Insurance A.B.N. 20 507 956 234

National Transport Insurance is a Joint Venture of:
 CGU Insurance Limited ABN 27 004 478 371 AFSL 238291 - 50%
 Vero Insurance Limited ABN 48 005 297 807 AFSL 230859 - 50%
 Each insurer is only responsible for its one half share.

CLIENT No.:

POLICY No.:

Intermediary:

TOWNSVILLE: — SUITE 1, 95 DENHAM STREET, TOWNSVILLE, 4810, P.O. BOX 2183, TOWNSVILLE, QLD. 4810. TELEPHONE: (07) 4721 2922. FAX: (07) 4771 6342
ROCKHAMPTON: — 214 QUAY STREET, ROCKHAMPTON, P.O. BOX 1650 ROCKHAMPTON, QLD. 4700 TELEPHONE: (07) 4922 7977. FAX: (07) 4771 6342
BRISBANE: — LEVEL 1, SOUTHGATE BUILDING, 3350 PACIFIC HIGHWAY, SPRINGWOOD, P.O. BOX 435, SPRINGWOOD, QLD. 4127. TELEPHONE: (07) 3290 3290. FAX: (07) 3290 2788
NEWCASTLE: — LEVEL 1, SUITE 15B, 50 GLEBE RD, THE JUNCTION, NSW 2291 P.O. BOX 147, THE JUNCTION, NSW 2291. TELEPHONE: (02) 4965 4700. FAX: (02) 4965 4699
SYDNEY: — SUITE 2301, LEVEL 23, NORWICH HOUSE, 6-10 O'CONNELL STREET, SYDNEY NSW 2000. G.P.O. BOX 2716, SYDNEY NSW. 2001. TELEPHONE: (02) 9233 3433. FAX: (02) 9233 3455
MELBOURNE: — LEVEL 7, 11 QUEENS ROAD, MELBOURNE, VIC. 3004, P.O. BOX 7279, MELBOURNE, VIC 3004. TELEPHONE: (03) 9867 5688. FAX: (03) 9867 3802
LAUNCESTON: — 73-75 ST JOHN ST, LAUNCESTON TAS 7250 P.O. BOX 867 LAUNCESTON TAS 7250. TELEPHONE: (03) 6331 6769. FAX: (03) 6334 6212
ADELAIDE: — UNIT 4, 53-57 GLEN OSMOND RD, EASTWOOD SA 5063 P.O. BOX 415 FULLARTON SA 5063. TELEPHONE: (08) 8271 1166. FAX: (08) 8271 1200
PERTH: — LEVEL 4, 50 ST GEORGES TERRACE, PERTH W.A., 6000, P.O. BOX 25143 ST GEORGES TERRACE, PERTH, W.A. 6831. TELEPHONE: (08) 9421 1190. FAX: (08) 9421 1853

COMMERCIAL MOTOR VEHICLE CLAIM FORM

The issue of this form is not an admission of liability

PRIVACY STATEMENT

The privacy Act 1998 (as amended) now applies and requires us to inform You that:

Purpose of Collection

We collect personal information (*this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person*) for the purposes of providing insurance services to you. This includes evaluating your application, evaluating any request for a change to any insurance provided; providing, administering and managing the insurance services following acceptance of an application; investigating and, if covered, managing claims made in relation to any insurance you have with us.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose. However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

Disclosure

We may disclose your personal information, when necessary and in connection with the purpose listed above, to:

your insurance broker or our agent, Government Bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers.

Consequences if information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

Access

You can request access to the personal information by contacting us at our address shown on this form.

WHAT HAPPENS NOW?

- Please complete this Claim Form and contact your Broker/Agent or nearest NTI Branch

WHAT YOU CAN EXPECT?

- As soon as your claim has been reported to us, we will arrange Assessment of your damaged vehicle/s within 24 hours and have an inspection completed within 48 hours.
- One of NTI's qualified Assessors will keep you informed of how the Claim is progressing.
- A fully trained and experienced Claims handler will be appointed to manage your claim.

IS SOMEONE MAKING A CLAIM AGAINST YOU?

- Please complete this Claim Form and return it to your NTI Branch together with all correspondence received from the other party.

Or

- Contact your NTI Branch for advice.

WHAT ABOUT MY EXCESS?

- On completion of your repairs you are required to pay the repairer the amount of your excess together with any repair contributions. (PLEASE NOTE: ALL CLAIMS SUBMITTED REQUIRE EXCESS PAYMENT REGARDLESS OF FAULT)
- If it is determined by NTI that the accident was not your fault NTI will try to recover your insurance excess from the other party. Naturally NTI cannot guarantee that this action will be successful.

Policy Number: _____ Expiry Date: _____

THE INSURED (To be completed by the Insured)

Name(s) of Insured in full: _____

Phone No.: _____ Mobile: _____

Address: _____

_____ Postcode: _____

PARTICULARS OF MOTOR VEHICLE(S) INVOLVED IN ACCIDENT (To be completed by the Insured)

YEAR	MAKE	MODEL	BODY TYPE
COLOUR	ENGINE NO.	VEHICLE ID NO. (VIN/CHASSIS)	REGISTRATION NO.
REGISTRATION EXPIRY DATE	DATE PURCHASED	PRICE PAID	CTP INSURER

Name of owner of vehicle: _____

Name of Finance Coy/Bank if vehicle/s encumbered: _____

State Type and Weight of Load being carried: _____

PARTICULARS OF TRAILER(S) (IF INVOLVED) (Trailer 1)

YEAR	MAKE	MODEL	BODY TYPE
COLOUR	VEHICLE ID NO. (VIN/CHASSIS)	REGISTRATION NO.	
REGISTRATION EXPIRY DATE	DATE PURCHASED	PRICE PAID	CTP INSURER

Name of owner of trailer: _____

Name of Finance Coy/Bank if trailer/s encumbered: _____

State Type and Weight of Load being carried: _____

PARTICULARS OF TRAILER(S) (IF INVOLVED) (Trailer 2)

YEAR	MAKE	MODEL	BODY TYPE
COLOUR	VEHICLE ID NO. (VIN/CHASSIS)	REGISTRATION NO.	
REGISTRATION EXPIRY DATE	DATE PURCHASED	PRICE PAID	CTP INSURER

Name of owner of trailer: _____

Name of Finance Coy/Bank if trailer/s encumbered: _____

State Type and Weight of Load being carried: _____

DRIVER OR PERSON IN CHARGE OF VEHICLE

Surname: _____ Given Name(s): _____

Address: _____

Postcode: _____

Date of Birth: _____ Age: _____ Phone: _____ Mobile: _____

Drivers Licence No.: _____ Class: _____ State of Issue: _____ Expiry Date: _____

How long has the driver been licenced to operate **THIS CLASS** of vehicle?: _____

Photocopy of both sides of licence and log books (where applicable) must be attached.

Relationship of Driver to Insured (Employee, Sub Contractor, Relative etc): _____

Was the vehicle driven with insured's consent? YES / NO

If NO supply details _____

Was any intoxicating liquor or drugs (including prescription drugs) consumed in the 12 hours preceding the accident? YES / NO

If YES supply details _____

Did driver undergo breathalyser OR blood test? YES / NO (Breathalyser) YES / NO (Blood Test)

If YES, what were the test results _____

HISTORY (Your claim may be delayed if this section is not completed)

Details of Owner(s) History - Past 10 Years

Traffic and/or Criminal Offences

Licence Suspension/Cancellations

Refusal and/or Cancellation of any motor vehicle policy
by an insurer _____

Prior accidents or losses relative to any motor vehicle

Details of Driver(s) History - Past 10 Years

Traffic and/or Criminal Offences

Licence Suspension/Cancellations

Refusal and/or Cancellation of any motor vehicle policy
by an insurer _____

Prior accidents or losses relative to any motor vehicle

DETAILS OF ACCIDENT - To be completed by the Driver

Date and Time of Accident/Theft (delete whichever not applicable) ____/____/____ Time _____ AM/PM

Exact location where Accident/Theft occurred _____

Was your vehicle being towed at the time? YES/NO If YES by whom? _____

Describe in detail how the Accident/Theft occurred _____

Speed of your vehicle at time of accident: _____ KM per hour. Speed of other vehicle at time of accident: _____ KM per hour.

State Time and Place journey commenced and Vehicle Destination: _____

Was this Inbound or Outbound from Vehicle's home base of operations? _____

Weather and Road Conditions? _____

In the Drivers opinion, who was responsible for the accident and why? _____

Has any claim been made on you? YES/NO If YES provide details: _____

Date and Time Accident/Theft reported to Police: Date: ____/____/____ Time _____ AM/PM

Did Police attend Accident Scene? YES/NO

Name and Station of Police Officer who took accident particulars: _____

Is Police Action pending? YES/NO If YES against whom: _____

Name, Address and Phone No. of any Independent Witness: _____

Name and Address of any persons injured in the accident: _____

DAMAGE TO INSURED VEHICLE

Give brief details of loss or damage to your vehicle: _____

Has a Repair Quotation been obtained? YES/NO (If Yes please attach) Amount \$ _____

Where can the Insured vehicle be inspected? _____

OTHER PERSONS INVOLVED IN THIS ACCIDENT

Name, Address & Phone No. of the Owner of other Vehicle or Property (if vehicle please provide make, model & registration no. including State where registered) (If more than one vehicle supply details on a separate page): _____

Name, Address & Phone No. of the driver of other vehicle (if not owner): _____

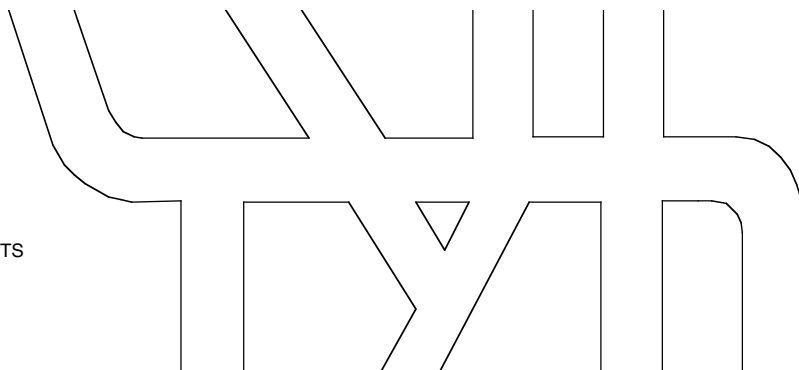
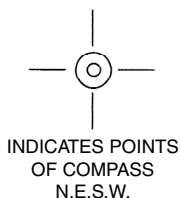
Give brief details of loss or damage to other vehicle or property: _____

DIAGRAM OF ACCIDENT - To be completed giving street names, traffic lights, giveaway signs, etc.

SHOW YOUR VEHICLE



SHOW OTHER VEHICLES



DECLARATION AND SIGNATURE OF INSURED AND DRIVER

My answers to the questions and statements in this claim form are to the best of my knowledge and belief correct and I have not withheld any information likely to affect consideration of this claim.

Where such answers are not in my handwriting and relate to the accident details, or me, they have been checked by me and certified as correct.

Driver's Signature: _____ Date: ____/____/____

Insured's Signature: _____ Date: ____/____/____