



Commercial Motor and Motor Fleet Claim Form

The completion of this form and its receipt by us is not an indication that we accept any liability.

Please print in block letters and answer all Questions where applicable (provide full and complete answers). If a particular question does not apply, please write "Nil" in the space provided. If the space provided below is insufficient to advise all the details, please attach a separate sheet. The form should be completed and returned to us within 7 days of receipt by the insured. No repairs should be carried out without the approval of CGU Insurance. A copy of any quote for repairs should be included with this form.

Your Policy no.

Your cost centre (if applicable)

Your reference (if applicable)

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Insured's details

Name of insured	Contact name

Address
Postcode

Private telephone no.	Business telephone no.	Mobile
()	()	

Name of registered owner

Private telephone no.	Business telephone no.
()	()

Are you registered for G.S.T? No Yes What is your Australian Business Number (ABN)? : : : : : : : : : :

Are you entitled to any Input Tax Credit (ITC) if you repair or replace the property damaged? No Yes

What is your percentage entitlement? %

Vehicle details

Year of manufacture	Vehicle make and model	Body type e.g. Sedan, utility

No. of cylinders	Chassis/VIN no	Engine no.	Registration no.

Please list all accessories or other equipment which has not been fitted by the vehicle manufacturer

Is Vehicle subject to Finance? (Mortgage/Bill of Sale/Hire Purchase/Lease) No Yes Please give details

Name	Branch	Contract no. (if known)

Driver's details

Driver or person last in charge of your vehicle:

Name	Date of birth
	/ /

Address
Postcode

Driver's licence no.	Classes	Expiry date of driver's licence
		/ /

Years held Type of licence: Full Probationary Learners

Has the driver had any accidents, traffic convictions and/or penalties in last 5 years?

Has the driver's licence ever been suspended or cancelled? No Yes ► Please give details: When?

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State reason

If the driver is not the Insured, please state:

(a) Was the vehicle being driven with the Insured's knowledge or consent? No Yes

(b) Was the driver a paid employee of the Insured? No Yes

(c) Does the driver have an insurance policy on their own vehicle? No Yes ►

Name of company

Policy no.

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(d) Has the driver ever been refused vehicle insurance or continuance thereof by an insurer? No Yes ► Give details

Name of company

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Was the driver taken to hospital? No Yes

Had the driver consumed within 24 hours preceding the accident any drugs or alcohol? No Yes ►

Please state the nature and quantity of drugs and/or alcohol consumed:

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Were you requested to take a blood, breath or urine test? No Yes ► Give details of type of test:

Blood Test Urine Test Alco-Test Full Breathalyser ► What was the reading?

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Police, traffic and other action against you or your driver

Did police attend accident and take particulars? No Yes

Has driver reported accident to the police? No Yes ► Please give details

Where?

Report Number

Date reported

		/ /
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Was any charge laid or intimated against driver? No Yes ► Please give details

Nature of charges

Vehicle information

Was the vehicle being used for business at the time of the accident. No Yes ► Please state the nature of business

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If goods carrying vehicle please state:

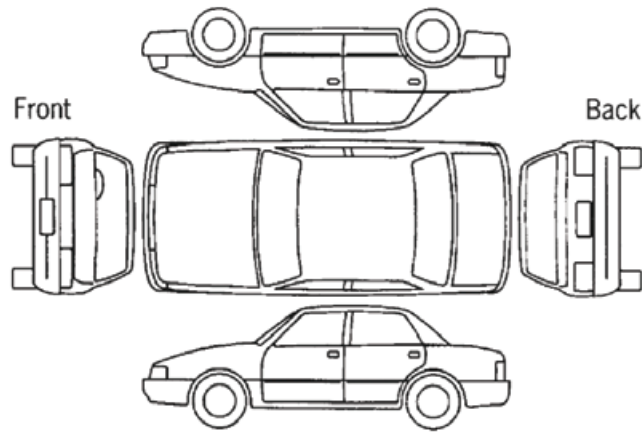
Nature of load

Weight of load

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Describe damage to insured vehicle in this accident:

Place X on diagram to show areas of damage.



Was there pre-existing damage? No Yes ► Please give details

Was vehicle towed? No Yes ► Please give details

By Whom?

When?

Present location of vehicle

Choice of repairer

Repair quote

\$

When will vehicle be left at repairer's workshop to be inspected?

**Please phone us to report the accident and to arrange inspection for repairs to proceed without delay.
Where an accident has occurred beyond Metropolitan Area, an itemised quotation should be sought
from a local repairer and sent with this form (except TPPD).**

Details of other vehicle or property

Owner's name

Telephone no.

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Address

Driver's name

Approx. age

Telephone no.

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Address

Vehicle make and model

Body type

Registration no.

Describe damage to vehicle and/or property

Is the vehicle/property insured? No Yes ► Name of company

Is the other driver known to you? No Yes ► How?

Details of all witnesses

Were there any witnesses to this accident? No Yes ► Please provide details

Name Age

Address

Postcode Telephone no. ()

State if the witness was: an independant witness in the insured vehicle in the third party vehicle

Name Age

Address

Postcode Telephone no. ()

State if the witness was: an independant witness in the insured vehicle in the third party vehicle

Details of accident

Have you previously reported this accident to us? No Yes ► Please give details

How?

Date of accident / / Time am/pm

Where did accident occur?
Street Town/Suburb

Speed of your vehicle: At the moment of impact Before emergency arose

Speed of other vehicle: At the moment of impact Before emergency arose

What lamps were in use? At the moment of impact Before emergency arose

Were indicators operating? At the moment of impact Before emergency arose

What was the road surface like? Wet Dry Sealed Dry Loose

Traffic controls None Traffic lights Give way sign Stop sign Roundabout Other

How many vehicles were involved (including your own)

State clearly and fully how the accident occurred

Who, in your opinion was to blame for the accident?

Why?

Has any claim been made against you? No Yes ► Please give details

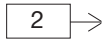
Diagram of accident

Using the symbols below draw a diagram of the accident scene showing the position of all vehicles. Indicate by arrows the direction in which the vehicles were travelling, the names of the streets and the north point of the compass. Please identify any other vehicles involved as '2', '3', '4' etc. Show the point of impact so: X. It is important that the sketch be as accurate and as detailed as possible.

Your vehicle



Other vehicle



Pedestrian, Cyclist etc.



Road



Stop sign



Give way sign



Lights



Before signing please read this important information

Excess – You must pay all applicable excesses before we are liable for any payment under this policy.

Declaration

I hereby authorise the Insurer to obtain any report or statement that I have made to the police. No information likely to affect the acceptance of this claim has been withheld. I understand that this claim may be refused if any information is false, or inaccurate or concealed. I/we agree that, by submitting this form, the personal information I/we provide to CGU Insurance Limited in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at www.cgu.com.au/privacy, including for processing this claim.

Signature of insured

Date

Age of driver or person last in charge of vehicle

The foregoing information is, to the best of my knowledge and belief, true in every respect. I/we agree that, by submitting this form, the personal information I/we provide to CGU Insurance Limited in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at www.cgu.com.au/privacy, including for processing this claim.

I hereby submit the foregoing information in support of my formal claim for indemnity under my policy and I hereby authorise the Insurer to obtain any report or statement that I have made to the police.

Signature of insured

Date

Please ensure that all questions have been answered

When complete, please forward the report to:

Email - claims@cgu.com.au

Post - CGU Insurance, GPO Box 2852 MELBOURNE VIC 3001 or send it to us via your Agent or Broker

Alternatively, claims can be lodged over the telephone 24 hours a day,

7 days a week by calling us on 13 24 80 (13 CGU 0)