



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 <input type="checkbox"/> Yes <input type="checkbox"/>	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 <input type="checkbox"/> Yes <input type="checkbox"/>		
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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Probationary <input type="checkbox"/> Learners <input type="checkbox"/>		
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 <input type="checkbox"/> Yes <input type="checkbox"/> Please give details: When?			
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 <input type="checkbox"/> Yes <input type="checkbox"/>			
(b) Was the driver a paid employee of the Insured? No <input type="checkbox"/> Yes <input type="checkbox"/>			
(c) Does the driver have an insurance policy on their own vehicle? No <input type="checkbox"/> Yes <input type="checkbox"/>			
Name of company		Policy no.	
(d) Has the driver ever been refused vehicle insurance or continuance thereof by an insurer? No <input type="checkbox"/> Yes <input type="checkbox"/> Give details			
Name of company			
Was the driver taken to hospital? No <input type="checkbox"/> Yes <input type="checkbox"/>			

Driver's details (cont'd)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:

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?**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 / /

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

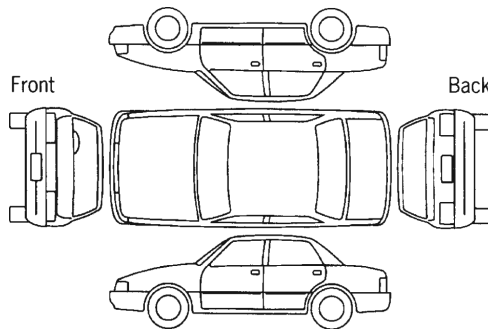
Nature of charges

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

If goods carrying vehicle please state: Nature of load Weight of load

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 detailsWas 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. ()

Address

Driver's name Approx. age Telephone no. ()

Address

Vehicle make and model Body type Registration no.

Details of other vehicle or property (contd)

Describe damage to vehicle and/or property

Is the vehicle/property insured? No Yes Name of companyIs the other driver known to you? No Yes How?**Details of all witnesses**Were there any witnesses to this accident? No Yes Please provide detailsName 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 consent to the Insurer, in assessing or otherwise dealing with this claim, disclosing my personal information to or collecting my personal information from related entities, other insurers, insurance reference bureaux, investigators, or other parties providing services to the Insurer.

Signature of driver

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 consent to the Insurer, in assessing or otherwise dealing with this claim, disclosing my personal information to or collecting my personal information from related entities, other insurers, insurance reference bureaux, investigators, or other parties providing services to the Insurer.

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

NSW/ACT: GPO Box 244, Sydney NSW 2000
Telephone: 1300 308 124 Facsimile: 1300 789 794 Email: CGUClaims.NSWMotorFleet@cgu.com.au

QLD: GPO Box 9902, Brisbane QLD 4001
Telephone: 1300 663 182 Facsimile: 1300 365 479 Email: CGUQLDFleet@cgu.com.au

WA: GPO Box 929, Perth WA 6843
Telephone: 08 9254 3002 Facsimile: 08 9254 3140 Email: cguclaims.wacommercialmotor@cgu.com.au

TAS/VIC: GPO Box 390, Melbourne VIC 3001
Telephone: 1300 668 136 Facsimile: 1300 668 027 Email: VICMotorFleet@cgu.com.au

SA/NT: GPO Box 9902, Adelaide SA 5001
Telephone: 1300 766 837 Facsimile: 08 8233 1117 Email: CGUClaims.SAIB@cgu.com.au