

motor vehicle
insurance for
privately owned
non-commercial
vehicles

motor vehicle

third party claim report



Insurer
CGU Insurance Limited
ABN 27 004 478 371
An IAG Company

Please retain this page for your information

About your claim

- ◆ We will contact you as quickly as possible about your claim.
- ◆ If you have any questions about your claim, please contact your local CGU Insurance office.

The telephone numbers are:

Adelaide	(08) 8405 6300	Perth	(08) 9254 3600
Brisbane	(07) 3135 1900	Sydney	(02) 8224 4000
Launceston	(03) 6345 3500	Ballarat	(03) 5329 4100
Melbourne	(03) 9601 8222	Newcastle	(02) 4935 7100

Car Insurance Claim Report - Third Party

Please answer all questions. This will help us process your claim quickly.
If you need more space to answer any of the questions, please use a separate sheet of paper.
Any attachments will form part of this claim report and the declaration will include them.

Policy/Claim number

:	:	:	:	:	:	:	:	:	:	:
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Our insured's details

Driver's full name

Driver's age

Owner's full name

Year, make, model of vehicle

Registration number

Your details

Driver's full name

Driver's age

Driver's address

Postcode

Private phone no.

Business phone no.

Owner's full name

Are you registered for GST purposes?

No Yes What is your ABN?

Are you entitled to claim an input tax credit for repairs or replacement of your vehicle?

No Yes Is the amount claimable less than 100%? No Yes Specify the percentage amount claimable %

Owner's address

Postcode

Owner's private phone no.

Owner's business phone no.

Year, make, model of vehicle

Registration number

Important: Attach a copy of your current registration papers.

Particulars of insurance

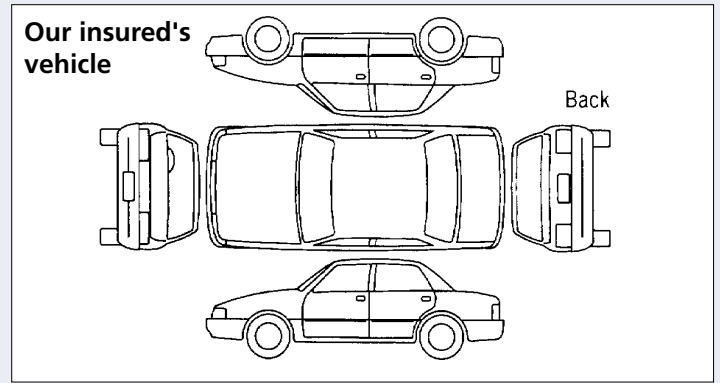
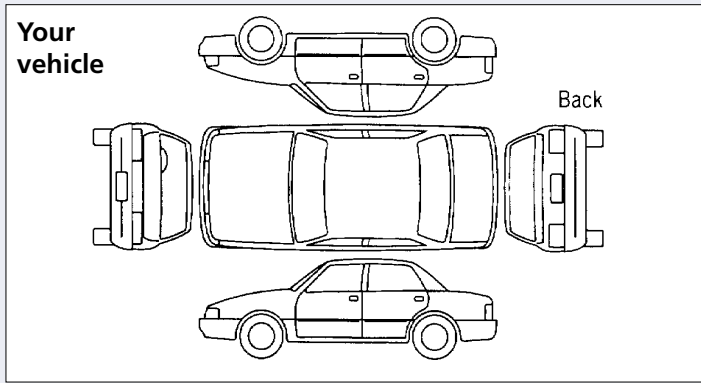
- Is your vehicle
- (a) Comprehensively insured?
- (b) Third Party Property Damage insured?
- (c) Not insured?

If insured, with which company and provide your policy number

Have you reported the accident to them? No Yes

Damage to Vehicles

On this diagram please shade the areas damaged in the accident.



Have you obtained a quotation for your repairs?

No Yes *Please enclose copy*

Where may your vehicle be inspected?

Accident details

When did the accident happen?

Date / / Time a.m. p.m.

Where did the accident happen?

Street name(s)

Suburb

Nearest intersecting street

How did the accident happen?

Please describe in detail the circumstances leading up to the accident and how the accident happened.

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 and the names of the streets.

Your vehicle	Our client's vehicle	Pedestrian, Cyclist etc.	Road	Stop sign	Give way sign	Lights
Immediately prior to impact				After impact		

Were there any witnesses to the accident?

No Yes Please complete the details below

Witness No. 1

Full name

Telephone no.

Address

Postcode

Type of witness: Passenger in your vehicle

Independent eye witness

Witness No. 2

Full name

Telephone no.

Address

Postcode

Type of witness: Passenger in your vehicle

Independent eye witness

List other people on a separate page and attach the page to this form.

Did the police attend the accident?

No

Yes

Officer's name

Name of station

Was the accident reported to a police station?

No

Yes

Officer's name

Name of station

Date reported

Was your driver asked to take a blood / Breathalyser test?

No

Yes

the result %

Was anyone charged with an offence or offences or advised that charges may be laid?

No

Yes

Who?

What offences?

Other parties

Apart from yourself and our insured, were any other parties involved in this accident?

No

Yes

Please provide details

Fault

Why do you consider our insured is at fault?

Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I consent to CGU Insurance using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, CGU Insurance may not be able to process my claim.

I consent to CGU Insurance disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to CGU Insurance also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Signature of the driver

Date

Owner's signature

Date

Please print name

Please indicate the number of additional pages attached to this claim report

When complete, please forward the report to:

- CGU Insurance, GPO Box 9902 in the capital city of your state or
 - our agent or your broker or
 - your local CGU Insurance office.



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