

MOTOR VEHICLE

INSURANCE FOR PRIVATELY OWNED NON-COMMERCIAL VEHICLES

Accident Claim Report

ABOUT YOUR CLAIM

- To assist you with locating the most appropriate repairer for your vehicle, please contact CGU on 13 24 80
- In certain circumstances, we may request a quotation be obtained.
- If someone else involved in the accident contacts you about a claim, or for information, refer the person to your CGU Insurance office.
- If you receive a writ or summons, or anything else from a legal firm, forward it to us immediately.
- We need to handle everything related to your claim.
- Please refer to your policy booklet for more information about how your claim will be handled.
- We may need to get a police report.
- If you have any questions about your claim, please contact CGU Insurance on 13 24 80 (13 CGU 0).

HOW YOU CAN RESOLVE A DISPUTE WITH US

Our dispute resolution system is free and works like this:

1. Please advise the staff at your CGU Insurance office on 13 24 80 if you are dissatisfied with:
 - our decision on your claim
 - our handling of your claim
 - the services of our loss adjuster or investigator.
2. The staff member will try to resolve the problem.
3. If unable to resolve it, the staff member will refer it to the supervisor or manager for attention. A decision concerning your complaint will be made within 15 business days of receipt.
4. If this fails to resolve your problem, you may request that the problem be referred to our internal dispute resolution staff. They will investigate the dispute and try to reach a satisfactory outcome with you, normally within 15 business days of the date you requested a referral.
5. If you do not accept our decision, you may take the problem to the Financial Ombudsman Service (FOS), for an independent investigation. The FOS can assist with private consumer and some small business type claims.

The telephone number for the Financial Ombudsman Service is 1300 780 808.

More detailed information about this process is available from your CGU Insurance office.

**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.**

1. Policy number (from your schedule)

Expiry date

Office use only

XS

MP

Cause

2. Insured (surname, company, partnership)

Given name(s) of insured

Contact person (for company or partnership claims)

3. Address

Postcode

4. Private telephone no.

Business telephone no.

Email address

5. Are you registered for GST purposes?

No Yes

▶ What is your ABN?

Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy?

No Yes

▶ Is the amount claimed or intended to be claimed less than 100% of the GST applicable to the premium?

No Yes

▶ Specify the percentage amount claimed or intended to be claimed

%

6. **Nominated Fleet Owners Only** Record codes as advised

Subsidiary

Division

State

Vehicle type

Odometer

Occupation

Insured vehicle details

7. Description of the vehicle involved in the accident?

Registration or identification no.

Engine number

VIN

Name of registered owner

Make, model & body type

Year of manufacture

8. Do you owe money on the vehicle?

No Yes

▶ Lender's name

Approximate amount owing

\$

9. Has the vehicle been modified or converted from the manufacturer's specification or fitted with accessories other than those supplied by the manufacturer?

No Yes

▶ Describe the modifications / accessories

10. Was there any unrepaired damage to the vehicle before the accident?

No Yes Describe the unrepaired damage

11. What were you using the vehicle for at the time of the accident or theft? (e.g. travelling to work, shopping, business use)

Driver details

12. Who was in charge of the vehicle when the accident happened?

Relationship to insured (e.g. son, daughter, employee)

Address

Postcode

Private telephone no.

Business telephone no.

Email address

Was this person driving with the knowledge and consent of the insured? No Yes

13. Did the driver have a current driver's licence for this class of vehicle?

No Yes Licence no.

Learner's

'P' plates

Full

Years licenced

Date of birth

List any restrictions on the licence

14. Did the driver drink any alcohol, or take any drugs or medication in the 12 hours prior to the accident?

No Yes What did the driver drink or what drugs or medication did the driver take?

When?

How much?

15. Has the driver been charged with, or convicted of, a motoring offence (other than a parking offence) or been disqualified from driving in the past 5 years?

No Yes State the details

16. Has the driver been charged with, or convicted of, any criminal offences in the past 10 years?

No Yes State the reasons

17. Has the driver had insurance refused or cancelled, had a renewal refused or had special conditions imposed by an insurer?

No Yes State the reasons

18. Has the driver been involved in a car accident, or claimed against an insurance company for damage to a car, in the past 5 years?

No Yes Complete details below

Date of occurrence Brief details (e.g. hit other car in rear)

/ /

Was a claim submitted to your insurance company? No Yes Your insurance company's name

Accident details

19. When did the accident happen?

Day Date Time a.m. p.m.

20. Where did the accident happen? Please also provide a street directory map reference if possible

21. How did the accident happen?

Describe in detail the circumstances leading up to the accident and how the accident happened. It is important to be as accurate as you can. Please tell us all the facts, even if they are not in your favour. Tell us which person you feel is at fault and why.

22. Was a trailer being towed at the time of the accident? No Yes Type of trailer Registration number

23. Did the accident happen at, or near:

a. Traffic lights? No Yes Indicate the colour of the traffic light facing the:
Insured driver - Red Amber Green
Other driver - Red Amber Green

b. Stop or Give Way sign? No Yes Indicate the type of sign facing the:
Insured driver - Stop sign Give Way sign
Other driver - Stop sign Give Way sign

24. What were the road conditions at the time of the accident?

a. Sealed roadway Wet Dry b. Unsealed roadway Wet Dry

What were the weather conditions at the time of the accident?

Fine Overcast Raining Storm Hail Other weather conditions

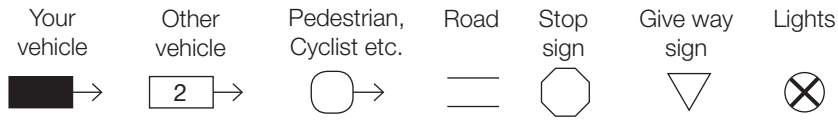
What vehicle lights were in use?

By you By the other driver What signals were given?
By you By the other driver

25. At the time of the accident what was the approximate speed before braking of the:

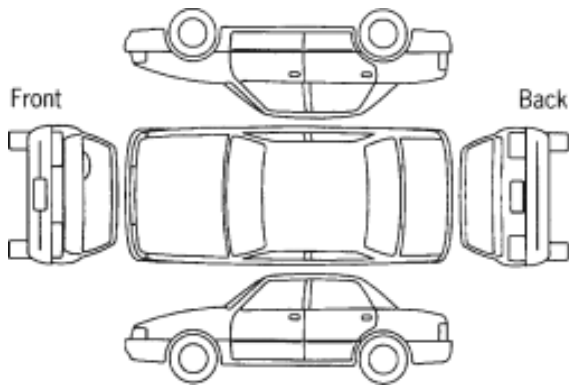
a. Insured vehicle km/h b. Other vehicle km/h

26. 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. It is important that the sketch be as accurate and as detailed as possible as it may be used in legal proceedings.



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

Insured vehicle



28. If we wish to inspect the vehicle, whom do we contact and where will the vehicle be?

Name of person

Telephone no.

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Address where the vehicle is being kept

Postcode

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Other vehicle(s) details

Please provide information about the other vehicle(s), even if they were not damaged. This will help in our investigation.

If additional vehicles were involved, attach details of those vehicles on a separate sheet.

29. Owner's details (Vehicle 2)

Full name

Telephone no.

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Address

Postcode

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Owner's insurance company

Make, model & body type

Registration number

Year of manufacture

Driver's details (Vehicle 2)

Full name

Telephone no.

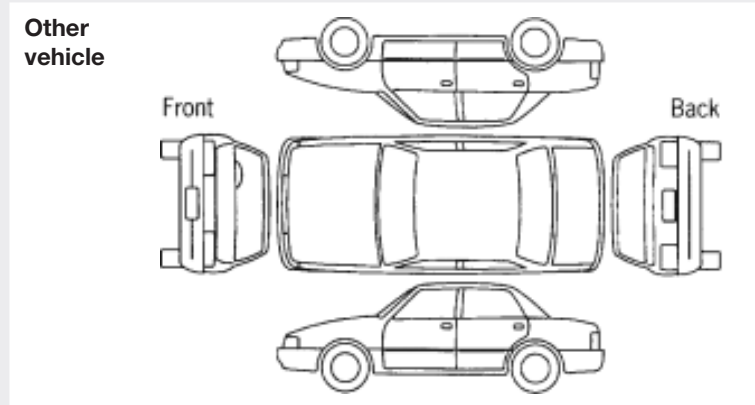
Address

Postcode

Licence number of driver

Date of birth

30. Please shade the damaged areas of the other vehicle(s) damaged in the accident



31. As a result of the accident, was there any other property damaged (e.g. fences, telephone poles)?

No

Yes



Provide details (including name and address of owner)

32. 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 insured's vehicle

Passenger in insured's vehicle

Independent eye witness

Witness No. 2

Full name

Telephone no.

Address

Postcode

Type of witness: Passenger in insured's vehicle

Passenger in insured's vehicle

Independent eye witness

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

33. Did the police or fire brigade attend the accident?

No Yes Police or Fire Brigade

Officer's name

Name of station

34. Was the accident reported to a police station?

No Yes Officer's name

Name of station

Date reported

35. Was either driver asked to take a blood/breathalyser test?

No Yes Insured driver the result % Other driver the result %

36. Was either driver charged with an offence or offences or advised that charges may be laid?

No Yes Insured driver and the offence(s) Other driver and the offence(s)

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/we agree that, by submitting this form, the personal information I/we provide to CGU Insurance 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 the insured or person with authority to sign for and on behalf of a company or partnership

Date

Signature of the driver (if not the insured)

Date

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

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)

CONTACT DETAILS

Enquiries 13 24 81
Claims 13 24 80

Mailing address

GPO Box 9902 in your capital city

Sydney
388 George Street
Sydney NSW 2000

Perth
46 Colin Street
West Perth WA 6005

Melbourne
181 William Street
Melbourne VIC 3000

Adelaide
80 Flinders Street
Adelaide SA 5000

Brisbane
189 Grey Street
South Bank QLD 4101



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