

motor vehicle claim form

WFI Insurance Limited, ABN 24 000 036 279

If your vehicle requires towing, please call:

Lumley Insurance Accident Assist
1800 652 256

24 HOURS - 7 DAYS A WEEK

When you call, we will:

- ✓ arrange for the damaged vehicle to be towed to a Lumley Network Repairer
- ✓ arrange for the driver to be returned to their office or residence
- ✓ arrange to have the vehicle quoted, assessed and repaired
- ✓ arrange to have the repaired vehicle returned to the driver
- ✓ provide a guarantee for all repairs completed at a Lumley Network Repairer.

If the vehicle is drivable:

Obtain a quotation from a Lumley Network Repairer and book your vehicle in to be repaired at a time convenient to yourself and the repairer. Ask the repairer to contact Lumley Insurance and arrange an assessment for the day on which the vehicle is booked in. Where possible, leave a copy of the Claim Form with the repairer prior to it being assessed. If you don't know where the nearest Lumley Network Repairer is located, just ring Lumley Insurance or go to our website www.lumley.com.au for a complete listing.

If there is no damage to your vehicle:

Complete your claim form, and post or fax it (with any correspondence received from the other party) to your nearest Lumley Insurance office, listed at the bottom of this page.

Privacy

We respect your privacy and we comply with the Privacy Act and the National Privacy Principles. A copy of our Privacy Statement is available at any of our offices or online at www.lumley.com.au

Complaints procedure

If you do not agree with any decision we make in relation to the Policy, please write to us stating what you disagree with and why. We will then resolve or attempt to resolve your complaint immediately, or we will refer the matter to our Internal Dispute Resolution Committee (IDRC).

If you are not satisfied with a Claim decision by the IDRC, the matter may be referred to an independent dispute resolution body, Financial Ombudsman Service (FOS), provided the matter falls within their jurisdiction.

Financial Ombudsman Service

Freecall 1300 78 08 08
Post: GPO BOX 3, Melbourne Victoria 3001
Website: www.fos.org.au
Email: info@fos.org.au

The Insurance Contracts Act 1984 (as amended) requires you to provide all information which Lumley Insurance may reasonably require, and stipulates that any omission may adversely affect the cover under your Policy. If you would like more information on your Duty of Disclosure (or any other aspect), please contact your broker or nearest Lumley Insurance office.

NSW	Lumley House, Level 9, 309 Kent Street, Sydney 2000 Suite 19, 50 Glebe Road, The Junction 2291	Phone (02) 9248 1111 Phone (02) 4925 7500	Fax (02) 9248 1122 Fax (02) 4940 0295
VIC	Level 3, 99 King Street, Melbourne 3000	Phone (03) 8627 4333	Fax (03) 8627 4312
ACT	Level 4, 10 Rudd Street, Canberra City 2601	Phone (02) 6279 0333	Fax (02) 6279 0330
TAS	76 York Street, Launceston 7250	Phone (03) 6345 4700	Fax (03) 6345 4711
SA	465 Pulteney Street, Adelaide 5000	Phone (08) 8228 1700	Fax (08) 8228 1775
WA	Level 7, 5 Mill Street, Perth 6000	Phone (08) 9220 8222	Fax (08) 9220 8251
QLD	Level 2, 99 Melbourne Street, South Brisbane 4101	Phone (07) 3307 4800	Fax (07) 3307 4899
NT	Level 2, Beagle House, 38 Mitchell Street, Darwin 0800	Phone (08) 8946 4600	Fax (08) 8228 1775

Click on the fields to complete online, then print and complete diagram in Section 8 in black or blue pen and sign.

OR Print and complete all sections in black or blue pen.

1. Client Details

Insured/Company

Cost Centre

Division

Policy number

Address

Postcode

Phone number

Email

Goods and Services Tax:

(a) ABN, if applicable

(b) entitlement to an Input Tax Credit in respect of:

(i) Insurance premium

%

and (ii) vehicle which is the subject of this claim

%

2. Client Vehicle Details

Year

Make

Model

Colour

Registration number

Finance company (if applicable)

Use of the vehicle at the time of the loss/damage (✓)

Private

Executive

Sales

Service

Deliveries

Vehicle Use Descriptions

Private: not used for business

Executive: vehicle provided as part of a salary package

Sales: sales representatives

Service: product maintenance, after sales service etc.

Deliveries: delivery of products, food, parts, etc.

3. Claim Details

Claim Type (✓)

Collision (go to Section 4)

Theft (go to Section 6)

Hail / Flood / Fire / Windscreen (go to Section 8)

4. Driver Details

Driver (✓)

Principal/Business Proprietor/Insured

Employee

Family member

Insured

Other

Name

Address

Postcode

Phone number

Mobile number

Date of birth (dd/mm/yyyy)

Driver's licence number

Class

Expiry date (dd/mm/yyyy)

Driving experience (years)

Has the driver attended a company-sponsored driver-training course within the last two years?

Did the driver consume any alcohol or take any drugs within the 12 hours prior to the collision?

If **Yes**, please state how much and when

Was the driver sober at the time of the collision?

Did the driver undergo a breath or blood test?

If **Yes**, please state the result

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

5. Third Party Details

Driver's name

Driver's address

Postcode

Driver's phone number

Date of birth (dd/mm/yyyy)

Driver's licence number

Registered owner

Owner's address

Postcode

Owner's phone number

Year

Make

Model

Colour

Registration number

Insurance company

Estimated cost of damage

Area of damage to the other vehicle

6. Witness Details

Name

Address

Postcode

Phone number

Age

7. Police Involvement

Did the police attend the collision / theft scene?

Yes

No

If **No**, was the incident reported to police?

If **Yes**, which police station?

Who do the police consider was at fault?

8. Details of the Loss/Damage

Date (dd/mm/yyyy)

Time

am

pm

Where did the loss / damage occur?

Who do you consider responsible for the loss / damage, and why?

Describe the weather at the time of the loss / damage.

What speed were the vehicles travelling at the time of the loss / damage occurring?

Your vehicle

Other vehicle

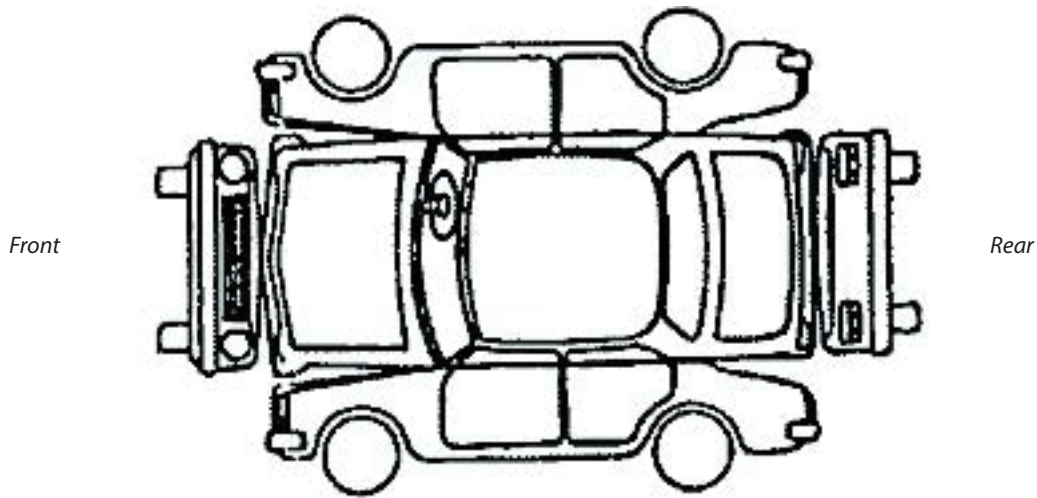
Section 8 cont...

Describe how the loss / damage occurred.

Was there any damage to your vehicle prior to this loss/damage occurring? Yes No

If **Yes**, please provide details.

Please indicate on the diagram below, the area of damage to your vehicle.



If your vehicle was damaged in a collision, please draw a diagram of the incident.

Legend

- O Stop Sign
- X Traffic Lights
- △ Give Way

Was your vehicle towed from the accident scene? Yes No

If **Yes**, by whom and to where was it towed?

Is your vehicle currently at a repair shop? Yes No

If **Yes**, at which repair shop?

If **No**, please provide contact details so we may arrange to assess damage to your vehicle

8. Declaration

This information is, to the very best of my knowledge, true in every respect.

Signature of driver

Signature of authorised manager or Insured

Date (dd/mm/yyyy)

Date (dd/mm/yyyy)