

# Commercial Motor Vehicle Claim Form

The issue of this form is not an admission of liability

## What happens now?

Please complete this Claim Form in full and contact your Broker / Agent or nearest Global Branch.

## What can you expect?

As soon as your claim has been reported to us we will arrange assessment of your damaged vehicle(s) within 24 hours and have an inspection completed within 48 hours. A fully trained and experienced Claims Handler will be appointed to manage your claim, who will keep you informed of how the claim is progressing.

## Is someone making a claim against you?

Please complete this Claim Form and return to your Global Branch together with all correspondence received from the other party. Or contact Global for advice.

## What about my excess?

On completion of repairs you are required to pay the repairer the amount of your excess together with any repair contributions. (Please note: All claims submitted require excess payment regardless of fault).

If it is determined by Global that the accident was not your fault Global will try to recover your insurance excess from the other party. Naturally Global can not guarantee that this action will be successful.

## Consequences if the information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

<b>Checklist</b> – have you supplied?	Copy of licence / log book <input type="checkbox"/>	Repair quote <input type="checkbox"/>	Other party demands <input type="checkbox"/>
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## 1. The Insured (To be completed by the Insured)

Broker or Agent \_\_\_\_\_

Policy number \_\_\_\_\_

Expiry date \_\_\_\_\_

Name(s) of Insured in full \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Mobile \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Current ABN \_\_\_\_\_

## 2. Particulars of the motor vehicles(s)

(To be completed by the Insured)

Year \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Body type \_\_\_\_\_

Vehicle ID number (Vin/chassis) \_\_\_\_\_

Engine number \_\_\_\_\_

Colour \_\_\_\_\_

Registration number \_\_\_\_\_

Registration expiry date \_\_\_\_\_

Date purchased \_\_\_\_\_

Price paid \$ \_\_\_\_\_

CTP insurer \_\_\_\_\_

Name of owner of vehicle \_\_\_\_\_

Name of finance co./bank  
if vehicle/s encumbered \_\_\_\_\_

Type and weight of load being carried \_\_\_\_\_

### 3. Particulars of trailer 1 (If involved)

Year \_\_\_\_\_  
Make \_\_\_\_\_  
Model \_\_\_\_\_  
Body type \_\_\_\_\_  
Vehicle ID number (Vin/chassis) \_\_\_\_\_  
Colour \_\_\_\_\_  
Registration number \_\_\_\_\_  
Registration expiry date \_\_\_\_\_  
Date purchased \_\_\_\_\_  
Price paid \$ \_\_\_\_\_  
CTP insurer \_\_\_\_\_  
Name of owner of trailer \_\_\_\_\_  
\_\_\_\_\_  
Name of finance co./bank if vehicle/s encumbered \_\_\_\_\_  
\_\_\_\_\_  
Type and weight of load being carried \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 4. Particulars of trailer 2 (If involved)

Year \_\_\_\_\_  
Make \_\_\_\_\_  
Model \_\_\_\_\_  
Body type \_\_\_\_\_  
Vehicle ID number (Vin/chassis) \_\_\_\_\_  
Colour \_\_\_\_\_  
Registration number \_\_\_\_\_  
Registration expiry date \_\_\_\_\_  
Date purchased \_\_\_\_\_  
Price paid \$ \_\_\_\_\_  
CTP insurer \_\_\_\_\_  
Name of owner of trailer \_\_\_\_\_  
\_\_\_\_\_  
Name of finance co./bank if vehicle/s encumbered \_\_\_\_\_  
\_\_\_\_\_  
Type and weight of load being carried \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 5. Driver or person in charge of vehicle

Surname \_\_\_\_\_  
Given name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone \_\_\_\_\_ Mobile \_\_\_\_\_  
Date of birth \_\_\_\_\_ Age \_\_\_\_\_  
Drivers licence no. \_\_\_\_\_ Class \_\_\_\_\_  
State of issue \_\_\_\_\_ Expiry date \_\_\_\_\_  
How long has the driver been licenced to operate THIS CLASS of vehicle? \_\_\_\_\_  
Photocopies of both sides of licence and log books (where applicable) MUST be attached.  
Relationship of Driver to Insured (eg. employee, sub contractor, relative etc) \_\_\_\_\_  
Was the vehicle driven with the Insured's consent?  
Yes  No   
If no, supply details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Was any intoxicating liquor or drugs (including prescription drugs consumed in the 12 hours preceding the accident)?  
Yes  No   
If yes, supply details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Did the driver undergo a breathalyser OR blood test?  
Breathalyser Yes  No   
Blood test Yes  No   
If yes, what were the test results? \_\_\_\_\_  
\_\_\_\_\_  

### 6. History

Your claim may be delayed if this section is not completed

**Details of Owner(s) history – past 5 years**  
(Supply details on separate sheet if necessary)

Traffic and/or criminal offences? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Licence suspension/cancellations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Refusal and/or cancellation of any motor vehicle policy by an insurer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Prior accidents or losses relative to any motor vehicle?  
\_\_\_\_\_  
\_\_\_\_\_

## 7. Details of accident (To be completed by Driver)

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and Time \_\_\_\_ am/pm  
of accident / theft (delete whichever not applicable)

Exact location where accident / theft occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approx. speed of your vehicle \_\_\_\_\_ km/hr

Approx. speed of other vehicle \_\_\_\_\_ km/hr

Journey commenced: Time \_\_\_\_\_ am/pm  
and Place \_\_\_\_\_

Vehicle destination \_\_\_\_\_

Inbound or outbound to home base? \_\_\_\_\_

Weather and road conditions? \_\_\_\_\_  
\_\_\_\_\_

Describe in detail how the accident occurred \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the Driver's opinion, who was responsible for the accident

Name \_\_\_\_\_

Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has any claim been made on you? Yes  No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and Time \_\_\_\_ am/pm accident/theft  
reported to police

Did police attend the accident scene? Yes  No

Name and station of the police officer who took accident  
particulars: \_\_\_\_\_  
\_\_\_\_\_

Is police action pending? Yes  No

## 8. Independent witnesses

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

## 9. Persons injured in the accident

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

## 10. Damage to insured vehicle

Note: If repairs are less than \$3000.00 a second quote  
is required.

Give brief details of loss or damage to your vehicle \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has a repair quotation been obtained? Yes  No

If yes, please attach quote. Amount \$ \_\_\_\_\_

Where can the Insured vehicle be inspected? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was your vehicle damaged? Yes  No

If tyres damaged, approximate mileage of tyres \_\_\_\_\_

Was your vehicle towed away? Yes  No

If yes, name the company \_\_\_\_\_

Have you obtained 2 repair quotes? Yes  No

Lowest quote \$ \_\_\_\_\_ (Please attach all quotes)

Who is your preferred repairer? \_\_\_\_\_

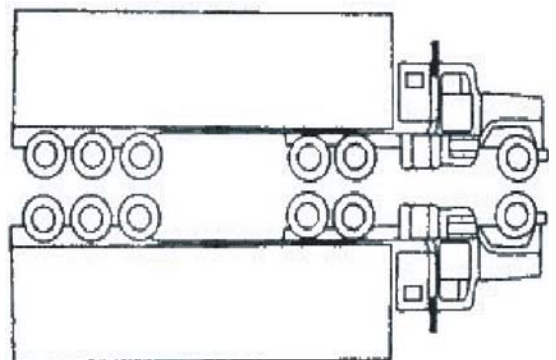
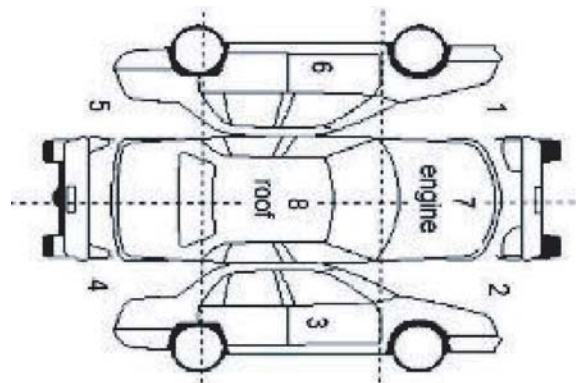
Phone number \_\_\_\_\_

Is the vehicle there? Yes  No

If no, where is the vehicle located? Full address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Show the damaged areas to your vehicle on the  
following diagrams



## 11. Other persons involved in this accident

(or the owner of the other vehicle or property)

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

If vehicle, please provide Make \_\_\_\_\_

Registration number \_\_\_\_\_

Licence number \_\_\_\_\_

(If more than one vehicle supply details on a separate page)

Give details of the driver if different to the owner

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Give brief details of loss or damage to other vehicle or property \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

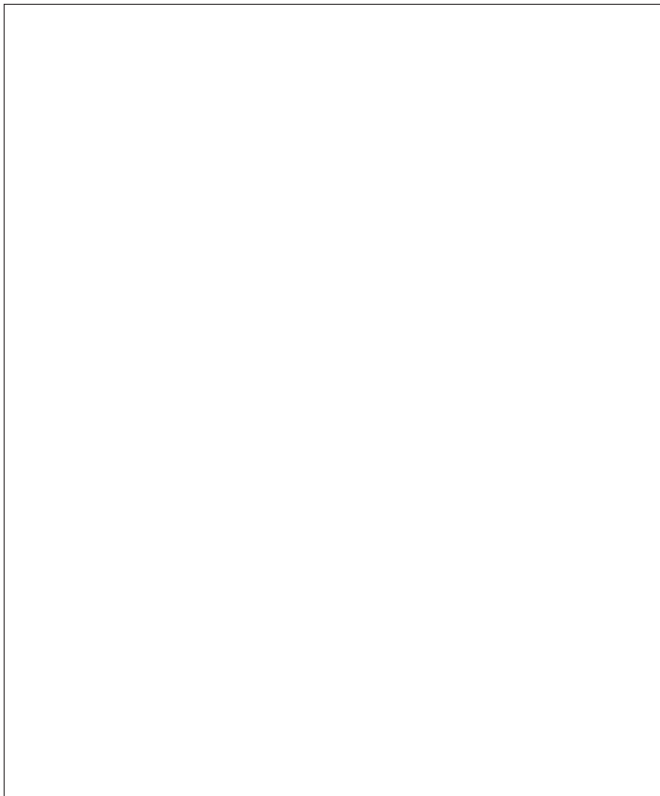
\_\_\_\_\_

## 12. Diagram of accident

(To be completed giving street named traffic lights, give way signs etc.)

**A** Indicate your own vehicle as A

**B** Indicate any other vehicles as B



Additional comments \_\_\_\_\_

## Declaration and signature of insured and driver

My answers to the questions and statements in this claim form are to the best of my knowledge and belief correct and I have not withheld any information likely to affect consideration of this claim.

Where such answers are not in my handwriting and relate to the accident details, or me, they have been checked by me and certified as correct.

Driver's signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Insured's signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Privacy statement

The Privacy Act 1998 (as amended) now applies and requires us to inform you that:

**Purpose of Collection:** We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of providing insurance services to you. This includes evaluating your application, evaluating any request for a change to any insurance provided; providing administering and managing the insurance services following acceptance of an application; investigating and, if covered, managing claims made in relation to any insurance you have with us.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us use or disclose the information for this secondary purpose. However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

**Disclosure:** We may disclose your personal information, when necessary and in connection with the purposes listed above, to; your insurance broker or our agent, Government Bodies, loss assessors, claim investigators, reinsures, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers.

**Consequences if the information is not provided:** If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

**Access:** You can request access to the personal information by contacting us at our address shown on this form.