

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.

Insured's details Name of insured Address Address Private telephone no. () Business telephone no. () Name of registered owner Private telephone no. ()						
Name of insured Contact name Address Postcode Private telephone no. () Business telephone no. () Name of registered owner						
Address Address Postcode Private telephone no. () Business telephone no. () Mobile Name of registered owner Vertical data data data data data data data da						
Private telephone no. () Business telephone no. () Mobile Name of registered owner <						
Private telephone no. () Business telephone no. () Mobile Name of registered owner						
Name of registered owner						
Private telephone no. () Business telephone no. ()						
Are you registered for G.S.T? No Yes 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 🗌 Yes						
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 🗌 Yes 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 Probationary Learners						
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 🗌 Yes 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 Yes						
(b) Was the driver a paid employee of the Insured? No Yes						
(c) Does the driver have an insurance policy on their own vehicle? No Yes						
Name of company Policy no.						
(d) Has the driver ever been refused vehicle insurance or continuance thereof by an insurer? No 🗌 Yes 🕞 Give details						
Name of company						
Was the driver taken to hospital? No Yes CGU Accident Management Motor Fleet – WA						

GPO Box M929 Perth WA 6843 Tel. 1300 767 983 Fax 1300 362 693 Email: CGUClaims.WAMotor@iag.com.au

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 information							
Was the vehicle being used for business at the time of the accident. No Yes Please state the nature of busin							
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 details							
Was 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 modelBody typeRegistration no.							

Details of other vehicle or property (contd)								
Describe damage to vehicle and/or property								
Is the vehicle/property insured? No Yes Name of company								
Is the other driver known to you? No Yes How?								
Details of all witnesses								
Were there any witnesses to this accident? No Yes Please provide details								
Name 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.

4 etc. show the point of impact so. A. 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		
	\rightarrow	2 >	\longrightarrow			\bigtriangledown	(\mathbf{X})		
			\bigcirc			V			

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.

Signa	ature of driver			Date	/	/	
	e	 <pre>// · · · ·</pre>					

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

Please ensure that all questions have been answered

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Date

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