

Motor Vehicle

Insurance for Privately Owned Non-Commercial Vehicles
Accident Claim Report



Please retain this page for your information

About your claim

- Please obtain one quotation for the repair of your vehicle from a reputable repairer of your choice. The repairer will then contact us to arrange an assessment of your vehicle.
- If you do not have a repairer, you are welcome to contact our claims units on the number listed below to obtain a list of Preferred Repairers in your area.
- For most claims we will check the damage and have repairs authorised and paid for.
- In certain circumstances, we may request a second 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.

Car Insurance Claim Report - Accident

Please answer all questions. This will help us process your claim quickly.
 Please obtain one quotation for the repair of your vehicle from a reputable repairer of your choice.
 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 no. (from your schedule)

Expiry date

: : : : : : : :	: / /
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Office use only

Alpha code	XS	MP	Cause
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Insured (surname, company or partnership)

Given name(s) of insured

Contact person (for company or partnership claims)

<input type="text"/>	<input type="text"/>
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3. 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 <input type="checkbox"/> Yes <input type="checkbox"/> Is the amount claimed or intended to be claimed less than 100% of the GST applicable to the premium?	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify the percentage amount claimed or intended to be claimed	<input type="text"/> %
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4. Address

<input type="text"/>	Postcode <input type="text"/>
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5. Private telephone no.

Business telephone no.

Facsimile no.

() <input type="text"/>	() <input type="text"/>	() <input type="text"/>
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6. Nominated Fleet Owners Only

Record codes as advised

Subsidiary <input type="text"/>	Division <input type="text"/>	State <input type="text"/>	Vehicle type <input type="text"/>	Odometer <input type="text"/>	Occupation <input type="text"/>
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Insured vehicle details

7. Description of the vehicle involved in the accident?

Registration or identification no.

Engine number

VIN

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of registered owner

Make, model & body type

Year of manufacture

<input type="text"/>	<input type="text"/>	<input type="text"/>
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8. Do you owe money on the vehicle?

No Yes Lender's name

Approximate amount owing

<input type="text"/>	\$ <input type="text"/>
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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

<input type="text"/>
<input type="text"/>

Insured vehicle details (cont'd)

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? (e.g. travelling to work, shopping, business use)

Driver details

12. Who was driving the vehicle when the accident happened?

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

Address

Postcode

Private telephone no.

Business telephone no.

Facsimile no.

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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

Full name of person

Date of occurrence

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

 / /

Your insurance company's name

Was a claim submitted to your insurance company?

No

Yes

Accident details

19. When did the accident happen?

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 driver 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

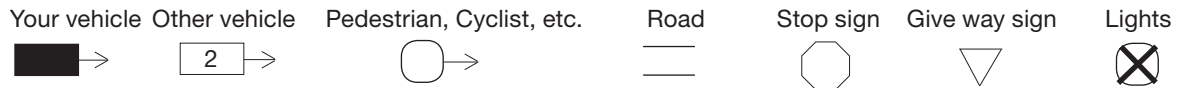
km/h

(b) Other vehicle

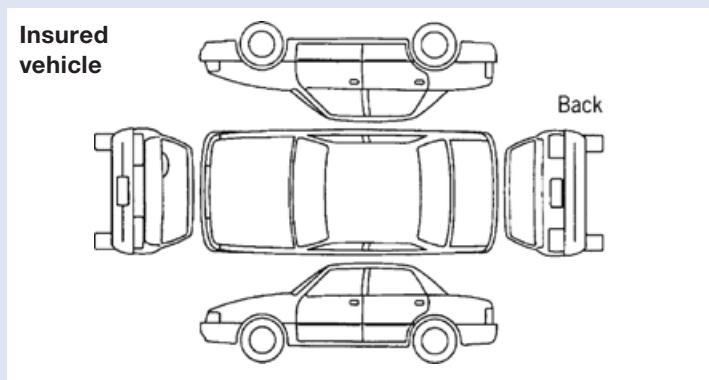
km/h

Accident details (cont'd)

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.



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

Name of person

Telephone no.

Address where the vehicle is being kept

Postcode

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.

Address

Postcode

Owner's insurance company

Make, model & body type

Registration number

Year of manufacture

Driver's details (Vehicle 2)

Full name

Telephone no.

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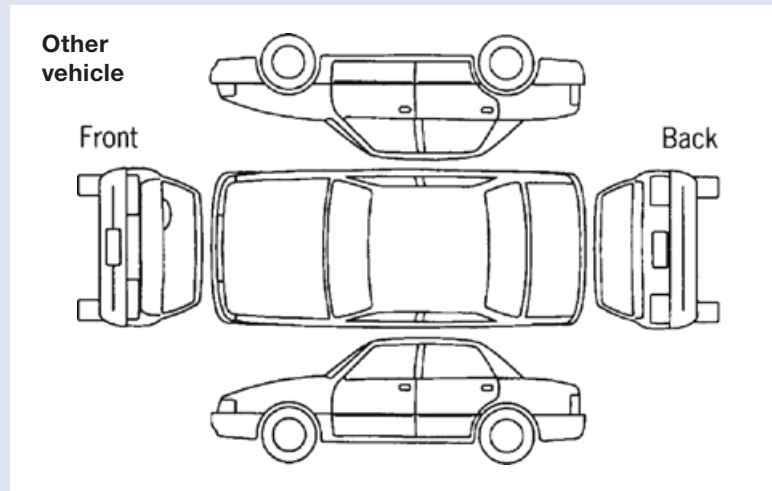
Address

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.

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Address

Postcode

Type of witness: Passenger in — insured's vehicle — other vehicle Independent eye witness

Witness No. 2

Full name

Telephone no.

()

Address

Postcode

Type of witness: Passenger in — insured's vehicle — other 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 Limited 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

CGU Insurance
GPO Box 2852
Melbourne VIC 3001
13 24 80 (13 CGU 0)
claims@cgu.com.au

cgu.com.au



Insurer
CGU Insurance Limited
ABN 27 004 478 371