



Sydney Newcastle Albury Melbourne Brisbane Townsville Darwin Perth Adelaide

Commercial Motor Vehicle Claim Form

GT Insurance

Completing your claim form

Please complete this claim form in full and return to your Insurance broker, Agent or return to GT Insurance at:

Email: claims@gtins.com.au
Fax: (02) 9966 8840
Mail: PO Box 507 St Leonards, NSW 1590

It is important you provide us with the information we require to assist you with your claim. If you do not provide us with the required information your assessment may be delayed or we may be unable to manage your claim.

The information you provide will be treated in accordance with our Privacy Policy & Procedures, available at www.gtins.com.au

After your claim has been reported to us we will arrange assessment of your damaged vehicle(s). An experienced claims consultant will be appointed to manage your claim.

Important Note: No repairs should be undertaken without the approval of GT Insurance (with the exception of windscreen damage only).

Windscreen claims can be arranged directly through O'Brien Glass. O'Brien Glass will contact GT Insurance to confirm the coverage applicable to your vehicle. Please ensure you have your current policy number and vehicle details available when you contact O'Brien Glass.

O'Brien Glass, 1800 645 011, www.obrienglass.com.au

Is someone making a claim against you?

Do not admit liability. You should request that any claim against you is put in writing and you should provide all correspondence received from the other party with this claim form. For further advice contact your broker or contact GT Insurance on: (02) 9966 8820. Where necessary, we will communicate with third parties and/or their insurer on your behalf to establish the circumstances of the incident.

Your Excess

You will be advised of any excess(es) applicable to your claim. On completion of repairs you may be required to pay the repairer the amount of your excess together with any repair contributions. In some instances you may be required to pay your excess to GT Insurance. If it is determined by GT Insurance that the accident was not your fault we will endeavour to recover any excess you have paid from the other party.

The Insurer

Allianz Australia Insurance Limited ABN 15 000 122 850 AFS Licence No. 234708 of 2 Market Street Sydney, NSW 2000

The Underwriting Agency

Global Transport & Automotive Insurance Solutions Pty Ltd (GT Insurance) ABN 93 069 048 255 AFSL No. 240714 is an underwriting agency which specialises in arranging insurance in respect of motor vehicles. GT Insurance acts as an agent of the Insurer to market, solicit, offer, arrange and administer the insurance and has a binding authority to deal with or settle claims on their behalf.

* Denotes mandatory fields for completion

Section 1: Policyholder Details

Policy number

GT Insurance issue commercial motor policies that typically begin with CPG or CMB. For example: CPG12345678, CMB12345678

Insured name/s

Name of Policyholder/s

Insured's ABN

Australian Business Number (11 digits)

Contact name/s

Contact number

E-mail

Section 3: Driver Details

Drivers full name

Drivers contact number

Drivers Date of Birth

(dd/mm/yyyy)

Drivers address

Suburb

Post Code

State or Territory

NSW

ACT

QLD

VIC

SA

WA

TAS

NT

Relationship of the driver to the Insured

Insured - Owner/Driver

Employee

Contract/Casual Driver

Relative

Other

Drivers Licence Number

Licence expiry date

(dd/mm/yyyy)

Class of Licence

C - Car

R - Rider

LR - Light Rigid

MR - Medium Rigid

HR - Heavy Rigid

HC - Heavy Combo

MC - Multi Combo

Other

How long has the driver been licensed to drive this class of vehicle in Australia?

Has the driver's licence ever been cancelled or suspended?

Yes

No

If "Yes", please provide details:

Did the driver of the vehicle undergo any Breathalyser, Blood, Urine or Drug Test?

Breathalyser Test

Yes

No

If "Yes", specify results

Blood Test

Yes

No

If "Yes", specify results

Urine Test

Yes

No

If "Yes", specify results

Drug Test

Yes

No

If "Yes", specify results

Section 4: Claim Type

Please select the best description of the type of claim you wish to make:

A vehicle accident involving another vehicle(s) or other parties property

Windscreen or fixed glass breakage

Vehicle damage not involving any other vehicle(s) or property

Theft of Vehicle

Vehicle fire - other than a bush fire or as a result of an accident

Malicious Damage

Hail, Flood, Storm, Bush Fire or Cyclone damage to a vehicle whilst not being driven

Section 5: Incident Details

Please provide details of the incident surrounding this claim:

Date the incident occurred

(dd/mm/yyyy)

Time the incident occurred

Between (am/pm)

And (am/pm)

Location where the incident occurred

Suburb Post Code

State or Territory NSW ACT QLD VIC SA WA TAS NT

Select the relevant conditions

Weather conditions

Dry
Wet
Raining
Hailing
Flood

Road conditions

Tarmac / bitumen
Gravel / dirt
Sand / beach

Situation

Straight Road
T - intersection
Driveway
Other (specify in description below)

Estimated speed of your vehicle (km/h)

Estimated speed of other vehicle (km/h) if involved

Type & weight of load being carried

Describe how the incident occurred

Name of the person last in charge of the vehicle

Contact phone number

Did this incident result in damage to another person(s) vehicle(s) or property?

Yes No

If "Yes", please also complete **ADDENDUM - SECTION B** (page 7)

Section 6: Damage to Insured Vehicle

Describe the damage to the vehicle

Was the vehicle towed from the scene? Yes No

If "Yes", please provide details of tow company:

Has a repair quote been obtained? Yes No If "Yes", please attach to this form Amount \$

Is the vehicle drivable? Yes No

Address where the vehicle can be assessed:

Suburb Post Code

State or Territory NSW ACT QLD VIC SA WA TAS NT

Do you have a preferred repairer?

Yes No

If "Yes", please provide contact details of repairer:

If the vehicle was stolen, has it been recovered in a damage condition?

Yes No n/a

Would you like to provide photos of the damage to your vehicle?

Yes No

If "Yes", please attach when returning this form

Section 7: Police & Witness details

Was the incident reported to the police? Yes No If "Yes", please confirm the date (dd/mm/yyyy)

Did the police attend the accident scene? Yes No If "Yes", please provide the following:

Police event / report No.

Officer's name / number

Police Station

Police action taken or pending? Yes No Unknown If "Yes", please provide details:

Were there any witnesses to the accident? Yes No If "Yes", please provide the following:

Witness name

Witness Address

Suburb Post Code

State or Territory NSW ACT QLD VIC SA WA TAS NT

Witness Contact Number

Section 8: Privacy & Declaration

Privacy

The Privacy Act 1998 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents or other parties as required by law.

You have the right to seek access to your personal information and to correct it any time. Please contact us on (02) 9966 8820 and advise us of the changes.

Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

I/We acknowledge that I/We have read and understand the Privacy Act 1998 information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information the Global Transport will be unable to process my/our claim.

I/We agree Yes

Completed by name

Date of declaration (dd/mm/yyyy)

ADDENDUM - SECTION A:

Additional Trailers

This section is to be completed if you indicated in Section 2: Vehicle Details, that this claim involves additional trailers

No. of additional trailers involved in the incident

Please provide details for each additional trailer. If more space is required please provide details in a separate attachment.

Trailer 1

Trailer details (Year, Make, Model)

Trailer type (e.g. logging, refrigerated)

Type & weight of load being carried

Trailer Registration Number

Trailer Serial Number

Is the Insured the owner of the vehicle? Yes No

If "No", please provide owners name

Is the vehicle financed? Yes No
Unknown

If "Yes", please provide name of Financier

Purchase Price \$

Trailer 2

Trailer details (Year, Make, Model)

Trailer type (e.g. logging, refrigerated)

Type & weight of load being carried

Trailer Registration Number

Trailer Serial Number

Is the Insured the owner of the vehicle? Yes No

If "No", please provide owners name

Is the vehicle financed? Yes No
Unknown

If "Yes", please provide name of Financier

Purchase Price \$

ADDENDUM - SECTION B:

Damage to Other parties vehicle(s) or property

This section is to be completed if you indicated in Section 5: Incident details, that the incident involved damage to another parties vehicle(s) or property

No. of Other parties vehicles(s) or properties damaged in the incident

Please provide details for each additional vehicle/property damaged. If more space is required provide details in a separate attachment.

Other party vehicle / property 1

Other party vehicle / property 2

Year, Make, Model, Rego of Other Vehicle

Year, Make, Model, Rego of Other Vehicle

Describe the damage to the Other Vehicle or Property

Describe the damage to the Other Vehicle or Property

Owners name

Owners name

Owners address

Owners address

Suburb

Post Code

Suburb

Post Code

State or Territory

NSW ACT QLD VIC SA
WA TAS NT

State or Territory

NSW ACT QLD VIC SA
WA TAS NT

Owners contact number

Owners contact number

Drivers name of the other Vehicle (if different to the Owner)

Drivers name of the other Vehicle (if different to the Owner)

Drivers address (if different to the Owner)

Drivers address (if different to the Owner)

Suburb

Post Code

Suburb

Post Code

State or Territory

NSW ACT QLD VIC SA
WA TAS NT

State or Territory

NSW ACT QLD VIC SA
WA TAS NT

Drivers contact number

Drivers contact number