

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.

Checklist – 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

Are you entitled to claim an input tax credit
for repairs or replacement of your vehicle? Yes No

Is the amount claimable less than 100%? Yes No

Specify the percentage amount claimable % _____

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 _____

Who is your preferred repairer? _____

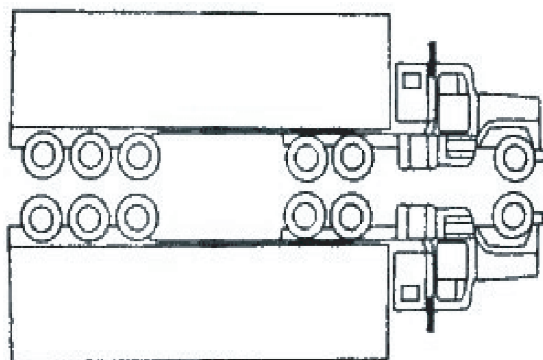
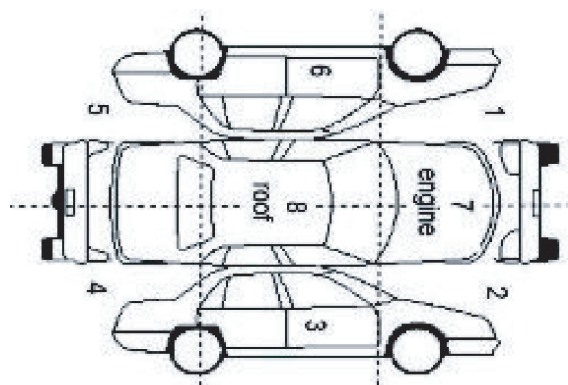
Phone number _____

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.