

COMMERCIAL MOTOR VEHICLE CLAIM FORM

PRIVACY

Berkley Insurance Australia seeks at all times to comply with the Privacy Act 1988 and the Australian Privacy Principles therein. If we disclose personal information to you for any reason you must also act in accordance with and comply with the terms of the Privacy Act and the Australian Privacy Principles.

Purpose for collection of information

The information contained in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy.

We confirm that all information provided by you must be true and correct and is provided for the primary purpose of enabling Berkley Insurance Australia to provide legal claims managing services, advice and assistance to you, including (but not limited to) assessing the circumstances of a claim, obtaining legal and other professional advice in relation to the claim or circumstances notified herein and for or in connection with litigation that is contemplated or pending. By submitting the information you authorise us to utilise it for the primary purposes referred to above. If there are secondary purposes that arise out of, or relate to, the primary person then you also consent to the information use in that regards.

Provision of information to you

If during the course of the claim, personal information is provided to you by us, it will only be so provided on terms that the information remains confidential and can only be utilised for the purposes of the claim. No other use of the information by you is authorised and you cannot disclose the information to anyone else without our express written approval.

Disclosure of Information that you provide to us

Berkley Insurance Australia will only use the information in accordance with the terms of the Privacy Policy. Without limiting the application of the Policy Berkley Insurance Australia may disclose personal information to other individuals or organisations in connection with your claim, including legal advisors, other parties, other lawyers, experts and witnesses, courts and tribunals and other organisations that need to be involved in the matter. By submitting your notification and continuing to deal with us you consent to Berkley Insurance Australia and these parties collecting, using and disclosing personal and sensitive information about you for these purposes. By signing the claim form you are consenting to the above.

You warrant to us that where you provide us with personal information that you have collected from other individuals:

- That the information has been collected in accordance with the Privacy Act 1988.
- That we are authorised to receive that information from you and to use it for the purpose of providing legal claims management services and advice.
- You, and the person who provided you with the information, are aware and have complied with the Privacy Act 1988 and have notified the person about whom the personal information is collected of the collection use and disclosure of such information.

By executing the claim form you are indemnifying Berkley Insurance Australia against any breach that arises directly or indirectly out of any act or omission of your part which does not accord with the conduct required under the Privacy Act 1988.

Further information

If you would like further information, please review our full Privacy Policy on our website www.berkleyinaus.com.au, or if you have any complaints or concerns over the protection of the information you have given to us or that we have collected from others, contact the National Head of Claims at the details below or australiacclaims@berkleyinaus.com.au

Contact Details

Sydney

Level 23, 31 Market Street
Sydney NSW 2000
Ph: 02 9275 8500

Melbourne

Suite 5, Level 8
454 Collins Street
Melbourne VIC 3000
Ph: 03 8319 4080

Brisbane

Level 7, 300 Ann Street
Brisbane QLD 4000
Ph: 07 3220 9900

Perth

Suite 5, 531 Hay Street
Subiaco WA 6008
Ph: 08 9380 8327

Adelaide

24 Divett Place
Adelaide SA 5000
Ph: 08 8232 2767

WHAT HAPPENS NOW?

Please complete this claim form and submit to us:

By e-mail: motorclaims@gbtpa.com.au

By fax: 1300 783 593 - 02 9467 7400

By post: Locked bag 912 North Sydney NSW 2059

We will contact you as soon as possible upon receipt of this completed claim form to obtain further information and assess your claim.

IMPORTANT NOTES

- The issue of this Claim Form is not an admission of liability on Our part
- All questions must be fully answered in either black or blue pen, or typed.
- Please print clearly and tick boxes appropriately to indicate 'Yes' or 'No' answers
- Please continue on a separate piece of paper if necessary

General Information - The Insured (to be completed by the insured)

Policy No.			Claim No.		
Name(s) of insured in full:					
Address:					
State:			Postcode:		
Phone:	(H)	(W)	Mobile:		
Email address:					
Company Name:					
ABN :			ACN:		
Entitlement to an Input Tax Credit in respect of:					
Your Insurance Premium:			The vehicle which is subject of this claim:		

Details of Motor Vehicle Involved in Incident

Year:		Make:		Model:	
Body Type:		Engine No.		Vehicle ID (VIN/Chassis no.)	
Colour:		Registration no.		Expiry date:	
Price paid:		Date purchased:		CTP insurer:	
Full name of vehicle owner:					
Address:					
State:		Postcode:			
Is this vehicle subject of any encumbrance?			Y <input type="checkbox"/> N <input type="checkbox"/> If yes please provide details below		
Name of finance company/bank if vehicle(s) encumbered:					
Account No:		Date of last payment:			
Address:					
State:		Postcode:			
PLEASE ATTACH A COPY OF YOUR REGISTRATION PAPERS					

Particulars of Trailer Involved (trailer 1)

Year:		Make:		Model:	
Colour:		Body type:		Vehicle ID (VIN/Chassis no.)	
Registration no.		Expiry date:		Date purchased:	
Name of vehicle owner:					
Name of finance company/bank if vehicle(s) encumbered:					
Type and weight of load being carried:					
IF MORE THAN ONE TRAILER PLEASE SUPPLY DETAILS ON A SEPARATE PAGE					

Driver or person in charge of Vehicle

Given name(s):		Surname:		Age OR Date of Birth	
Address:					
State:			Postcode:		
Phone number:			Mobile:		
Email address:					
Driver's license no.		Class:		State of issue:	
Expiry date:		How long has the driver been licensed to drive this class of vehicle?			
A PHOTOCOPY OF BOTH SIDES OF THE DRIVERS LICENSE AND LOG BOOK (WHERE APPLICABLE) MUST BE ATTACHED.					
Relationship of driver to the insured (e.g. employee, subcontractor, relative, etc.):					
Was the vehicle driven with the insured's consent?			Y <input type="checkbox"/> N <input type="checkbox"/>		
If no, please provide details:					
Was any intoxicating liquor or drugs (including prescription drugs) consumed in the 12 hours prior to the incident or transit journey?			Y <input type="checkbox"/> N <input type="checkbox"/>		
If yes, please provide details:					
Did the driver or person in control of the vehicle undergo a breathalyser/blood test/urine or oral fluid test/drug impairment assessment?					
Breathalyser:	Y <input type="checkbox"/> N <input type="checkbox"/>		Blood test:	Y <input type="checkbox"/> N <input type="checkbox"/>	
Urine/oral fluid:	Y <input type="checkbox"/> N <input type="checkbox"/>		Drug impairment assessment:	Y <input type="checkbox"/> N <input type="checkbox"/>	
IF YES, PLEASE ATTACH RESULT(S)					

Details of witnesses

Witness 1					
Given name(s):		Surname:			
Address:					
State:			Postcode:		
Phone number:	(H)	(W)	Mobile:		
Email address:			Date of Birth		
IF MORE THAN ONE WITNESS PLEASE SUPPLY DETAILS ON A SEPARATE PAGE					

History (Answer either depending on)

Details of owner(s) history – past 5 years		
Had insurance refused, declined or cancelled by an insurer or any special conditions imposed?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Drug use, driving under the Influence, or exceeding Prescribed Concentration of Alcohol?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Any driving offences or speeding infringements?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Fraud, arson, theft or any other criminal act?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Traffic and/or criminal offences:		
License suspension/cancellations:	Y <input type="checkbox"/>	N <input type="checkbox"/>
Refusal and/or cancellation of any motor vehicle policy by an insurer:	Y <input type="checkbox"/>	N <input type="checkbox"/>
Prior accidents or losses relative to any motor vehicle:	Y <input type="checkbox"/>	N <input type="checkbox"/>
If you have answered yes to any of the above please explain:		
Details of driver(s) history – past 5 years		
Had insurance refused, declined or cancelled by an insurer or any special conditions imposed?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Drug use, driving under the Influence, or exceeding Prescribed Concentration of Alcohol?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Any driving offences or speeding infringements?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Fraud, arson, theft or any other criminal act?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Traffic and/or criminal offences:		
License suspension/cancellations:	Y <input type="checkbox"/>	N <input type="checkbox"/>
Refusal and/or cancellation of any motor vehicle policy by an insurer:	Y <input type="checkbox"/>	N <input type="checkbox"/>
Prior accidents or losses relative to any motor vehicle:	Y <input type="checkbox"/>	N <input type="checkbox"/>
If you have answered yes to any of the above please explain:		

Third Parties involved in the incident

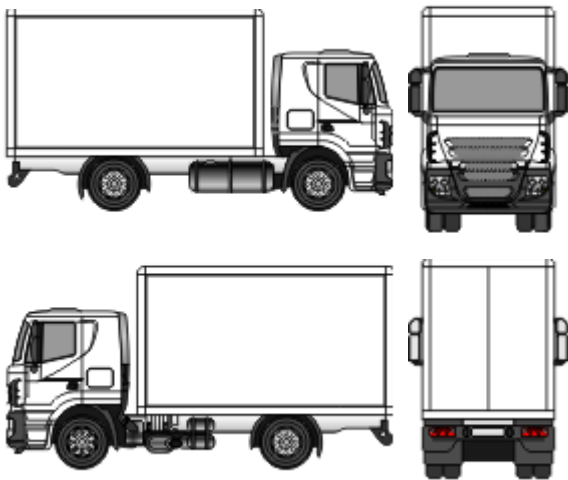
Name, address and phone number of owner of the other vehicle or property. If vehicle, please provide make, model and registration no. including state where registered. If more than one vehicle, please supply details on a separate page.					
Given Name(s):		Surname:			
Address:					
State:		Postcode:		Mobile	
Phone number:		Registration no.			
Body/Make of vehicle:		Colour		State where registered:	
Name, address and phone number of other vehicle (if not owner):					
Given Name(s):		Surname:			
Address:					
State:		Postcode:			
Phone Number:		Mobile:			
Please give description of other vehicle or property:					
Please give brief details of loss or damage to other vehicle or property:					

Accident Details (to be completed by the driver or person in charge of the vehicle)

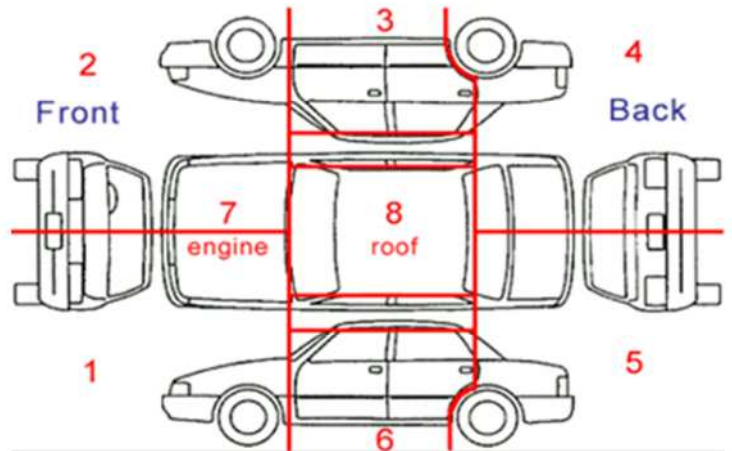
Date of incident:				Time of incident:			
Exact location where incident occurred:							
Describe, in detail, how the incident occurred:							
Speed of your vehicle at the time of the incident:				Speed of other vehicle at the time of the incident:			
Time and place the journey commenced:				Vehicle destination:			
				Was this inbound or outbound from the vehicle's home base of operations?			
Weather and road conditions at the time of the incident:				In the driver's opinion, who was responsible for the incident and why?			
Has any claim been made against you?		Y N		If yes, please provide details:			
Date incident reported to police:				Time incident reported to police:			
				Did police attend the incident scene?		Y N	
Name of police officer who took incident particulars:				Station of police officer who took incident particulars:			
Is police action pending?		Y N		If yes, against whom?			

Damage to Insured Vehicle

Give brief details of loss or damage to your vehicle:			
Has a repair quotation been obtained? If yes, please attach.		Y <input type="checkbox"/> N <input type="checkbox"/>	
		Amount: \$	
Was the vehicle towed at the time of the incident?		Y <input type="checkbox"/> N <input type="checkbox"/>	
		If yes, by whom?	
Where can the insured vehicle be inspected?			



Please mark damage to the truck



Please mark damage to sedan

Diagram of incident (to be completed giving street name, traffic lights, give way signs etc.)

Please sketch scene of the accident showing all traffic lights and/or road signs.

◀ My Vehicle ◀ Other Vehicle ○ Pedestrian/Cyclist ✕ Point of Impact W Position of witness

DECLARATION

My answers to the questions in this Claim Form are to the best of My knowledge true and correct and I believe I have not withheld any information likely to affect consideration of this claim

Driver name:		Date:	
Driver's signature:			
Insured name:		Date:	
Insured's signature:			