

# HEAVY VEHICLE CLAIM

The issue of this form does not constitute an admission of liability on the part of the insurer.

**Please send your claim to [claims@crinsurance.com.au](mailto:claims@crinsurance.com.au) or fax to 02 9460 0402.**

Please complete all sections of this claim form and return with the following documents:

- Quotation from your chosen repairer
- Rental agreement
- Rental breach  NO  YES – If YES, please provide detail and a copy of the terms and conditions of rental.
- Special instructions: \_\_\_\_\_
- Attach any other information or correspondence you may have received in relation to this claim.

<b>POLICY NUMBER</b>	<b>RENTAL AGREEMENT NUMBER</b>
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## RENTAL COMPANY DETAILS

Rental Company Name			
Full Name (Block Letters)	Surname	Given Name(s)	
Postal address			
		State	Postcode
Are you registered for GST? <input type="checkbox"/> NO <input type="checkbox"/> YES	What is your ABN?		
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?	<input type="checkbox"/> NO <input type="checkbox"/> YES – Will you be claiming an amount less than 100%?		
	<input type="checkbox"/> NO <input type="checkbox"/> YES – If Yes, specify amount claimed		%
Contact Numbers	Business ( )	Mobile	
	Facsimile ( )	Email	

## RENTAL VEHICLE DETAILS

Make of Vehicle	Mth/Year	Registered No.	
Model	Colour	Odometer Reading	
Registered Owner	Engine No.	Chassis/VIN No.	
Address			
		State	Postcode
Do you owe finance on your vehicle? <input type="checkbox"/> NO <input type="checkbox"/> YES			
Name of Lender	Account Number		

CLASS OF VEHICLE			
<input type="checkbox"/> Sedan or Station Wagon	<input type="checkbox"/> Four Wheel Drive	<input type="checkbox"/> Heavy Plant	<input type="checkbox"/> Rigid Vehicle over 2T and up to 5T
<input type="checkbox"/> Van or utility up to 2T	<input type="checkbox"/> Bus or Coach	<input type="checkbox"/> Articulated Prime Mover	<input type="checkbox"/> Rigid Vehicle over 5T and up to 10T
<input type="checkbox"/> Semi Trailer	<input type="checkbox"/> Light Plant	<input type="checkbox"/> Rigid Vehicle over 10T	<input type="checkbox"/> Other
Trailer details (if applicable)			
Make		Type	
Year		Rego No	
State any non-standard accessories/modifications to vehicle			
What was the intended operating radius of the journey?			
State time & place journey commenced & intended desitination			
State type and weight of goods being carried			

RENTER DETAILS			
Full Name (Block Letters)	Surname	Given Name(s)	
Address			
	State	Postcode	
Contact Numbers	Business ( )	Email	
	Facsimile ( )	Mobile	
Is the renter self insured? <input type="checkbox"/> NO <input type="checkbox"/> YES, give details			

DRIVER DETAILS (FOR PARKED OR UNATTENDED VEHICLES, DRIVER OR CUSTODIAN AT THE TIME OF LOSS)			
Relationship to Renter		Licence No	
State	Expiry Date	/ /	DOB / /
How long has the driver been licensed for this type of vehicle?			years
Full Name (Block Letters)	Surname	Given Name(s)	
Address			
	State	Postcode	
Contact Numbers	Business ( )	Email	
	Facsimile ( )	Mobile	
Did the driver drink any alcohol or take any drugs in the last 24 hours prior to the accident?			<input type="checkbox"/> NO <input type="checkbox"/> YES, give details
Did the driver undergo a breath test, breath analysis or blood test? <input type="checkbox"/> NO <input type="checkbox"/> YES, give details			
What was the reading? (Please attached a copy of the certificate)			

INCIDENT DETAILS					
Date	/ /	Day		Time	am/pm
Where did the incident happen?					
Street		Suburb		Nearest cross street	
Road surface: Dry <input type="checkbox"/> Wet <input type="checkbox"/> Sealed <input type="checkbox"/> Unsealed <input type="checkbox"/>					
At the time of the incident the insured vehicle was: Parked <input type="checkbox"/> Stationary <input type="checkbox"/> Moving <input type="checkbox"/>				Speed	kms
Traffic controls: None <input type="checkbox"/> Stop sign <input type="checkbox"/> Traffic lights <input type="checkbox"/> Roundabout <input type="checkbox"/> Give way sign <input type="checkbox"/> Other <input type="checkbox"/>					
Number of vehicles involved					
If applicable, what type of goods were being transported at time of loss?					
Describe how the incident occurred?					
Who was at fault?		Surname	Given Names(s)		
SKETCH DIAGRAM OF ACCIDENT					
1. Name streets 2. Indicate direction of travel 3. Your vehicle <input checked="" type="checkbox"/> 4. Other vehicle <input type="checkbox"/>					

POLICE			
Did a Police Officer attend the accident scene, <input type="checkbox"/> NO <input type="checkbox"/> YES or did you report the incident to the police? <input type="checkbox"/> NO <input type="checkbox"/> YES, give details			
Name of Officer		Report No	
Station			
Did the Police indicate who was responsible? <input type="checkbox"/> NO <input type="checkbox"/> YES, give details			
Date of report	/ /	<b>PLEASE ATTACH A COPY OF THE POLICE REPORT (IF AVAILABLE)</b>	
Name of person to be charged or cautioned			
Nature of charge or caution			

**PASSENGER(S) — All passengers in the rental vehicle at the time of the accident**

Full Name	Surname	Given Name(s)
Address		
Phone		Email

Full Name	Surname	Given Name(s)
Address		
Phone		Email

Full Name	Surname	Given Name(s)
Address		
Phone		Email

Full Name	Surname	Given Name(s)
Address		
Phone		Email

**WITNESS(ES) — All independent witnesses, not passengers in the rental vehicle at the time of the accident**

Full Name	Surname	Given Name(s)
Address		
Phone		Email

Full Name	Surname	Given Name(s)
Address		
Phone		Email

Full Name	Surname	Given Name(s)
Address		
Phone		Email

Full Name	Surname	Given Name(s)
Address		
Phone		Email

**DAMAGE TO YOUR VEHICLE**

Are you claiming damage to the rental vehicle?  NO  YES

Was the vehicle towed?  NO  YES, give details

Name of the Towing Company	Telephone ( )
Where was it towed?	Distance towed Kms
Where is the vehicle now?	

**SKETCH DIAGRAM**

Shade areas of damage being claimed  
Indicate point of impact (X)

Shade Damage

**DETAILS OF OTHER VEHICLE**

Make of Vehicle	Year	Registered No.
Model	Colour	

**DRIVER OF OTHER VEHICLE**

Full Name (Block Letters)	Surname	Given Name(s)
Address		
	State	Postcode
Contact Numbers	Business ( )	Private ( )
	Facsimile ( )	Mobile
Licence Number	Expiry Date	DOB / /

Was the owner in the vehicle at the time of the accident?  NO  YES, give details

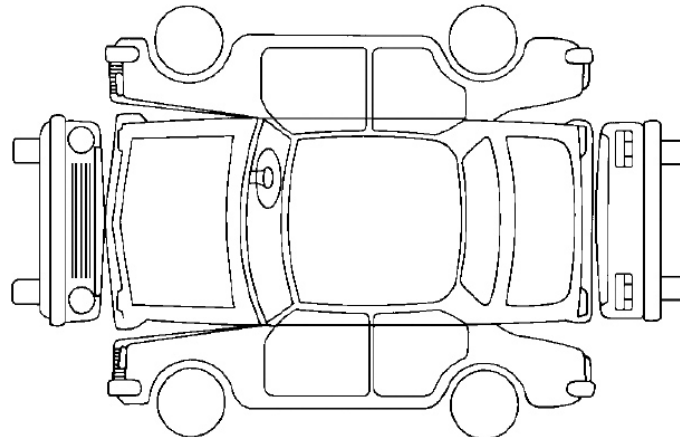
**OWNER OF OTHER VEHICLE/PROPERTY**

Full Name (Block Letters)	Surname	Given Name(s)
Address		
	State	Postcode
Contact Numbers	Business ( )	Private ( )
	Facsimile ( )	Mobile
Relationship to Renter		
Insurance Company	Policy or Claim No	

**DAMAGE TO OTHER VEHICLE**

SKETCH DIAGRAM

Shade areas of damage being claimed  
Indicate point of impact (X)



Shade Damage

**PRIVACY**

We respect your privacy and we comply with the Privacy Act and the National Privacy Principles. A copy of our Privacy Statement is available at any of our offices or online at [www.cgu.com.au](http://www.cgu.com.au)

**Complaints Procedure**

If you do not agree with any decision we make in relation to the Policy, please write to us stating what you disagree with and why. We will then resolve or attempt to resolve your complaint immediately, or we will refer the matter to our Internal Dispute Resolution Committee (IDRC). If you are not satisfied with a Claim decision by the IDRC, the matter may be referred to an independent dispute resolution body, Australian Financial Complaints Authority (AFCA), provided the matter falls within their jurisdiction.

Australian Financial Complaints Authority  
Freecall 1800 931 678  
Post: GPO BOX 3, Melbourne Victoria 3001  
Website: [www.afca.org.au](http://www.afca.org.au)  
Email: [info@afca.org.au](mailto:info@afca.org.au)

The Insurance Contracts Act 1984 (as amended) requires you to provide all information which CGU may reasonably require, and stipulates that any omission may adversely affect the cover under your Policy. If you would like more information on your Duty of Disclosure (or any other aspect), please contact your broker or nearest CGU Insurance office.

**DECLARATION AND AUTHORISATION**

The information and answers given above are true, correct and complete in every detail.

1. I/We understand the claim may be refused if the information is not true or is withheld.
2. I/We authorise CRI to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured or Renter's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of Renter	1.	<b>X</b>	Date	/	/
Signature of Insured	2.	<b>X</b>	Date	/	/

**PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM.**