

MOTOR VEHICLE CLAIM (NON THEFT)

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 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.

POLICY NUMBER	RENTAL AGREEMENT NUMBER
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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	/	/	PLEASE ATTACH A COPY OF THE POLICE REPORT (IF AVAILABLE)
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

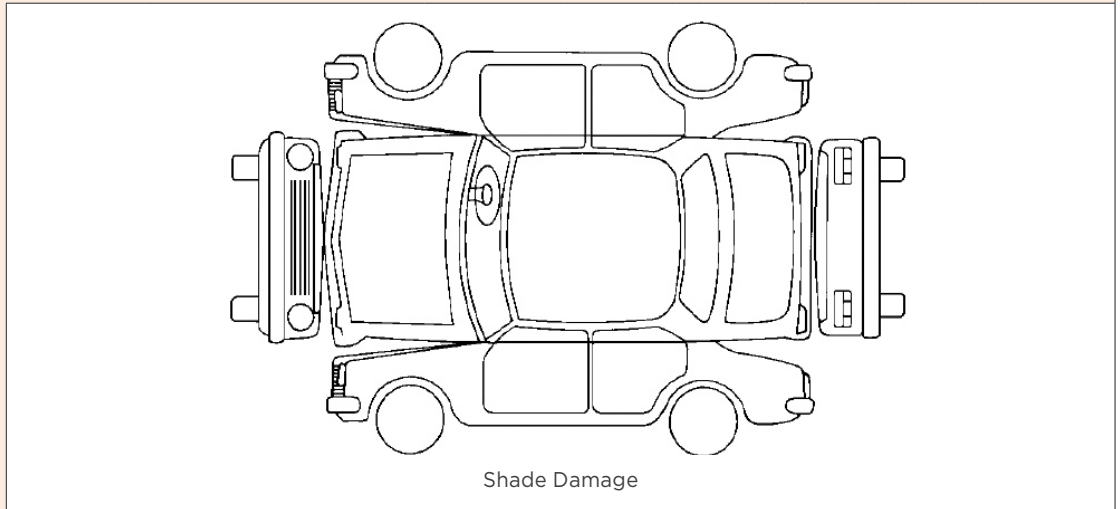
Name of the Towing Company _____ Telephone () _____

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)



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 _____

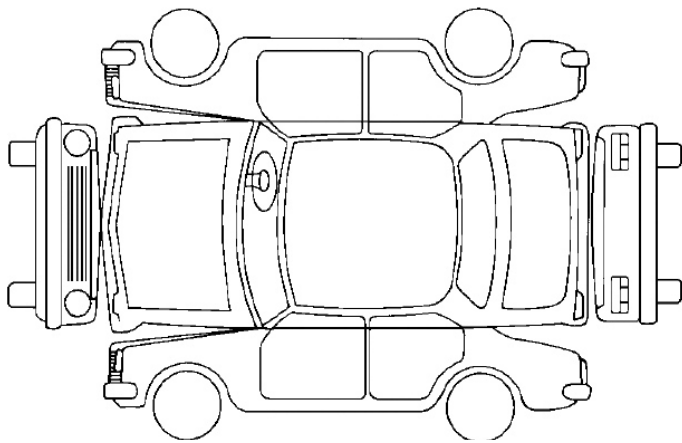
Relationship to Renter _____

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

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
Email: 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.	X	Date	/	/
Signature of Insured	2.	X	Date	/	/

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