

MOTOR VEHICLE THEFT 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 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 specify the breach.
- 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			

RENTAL VEHICLE DETAILS (CONTINUED)

Have any accessories been added or modifications made since the vehicle was purchased? NO YES, give details

GIVE DETAILS AND ATTACH RECEIPTS

Description	Purchase Price	Price Paid
	\$	\$
	\$	\$
	\$	\$
	\$	\$

RENTER & CUSTODIAN DETAILS

Company Name (if applicable)

Is the renter self insured? NO YES, give details

Address	<input style="width: 95%;" type="text"/>	State	<input style="width: 95%;" type="text"/>	Postcode	<input style="width: 95%;" type="text"/>
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Contact Numbers	Business	()	Email	<input style="width: 95%;" type="text"/>
	Facsimile	()	Mobile	<input style="width: 95%;" type="text"/>

Details of person who left the vehicle at this location	Relationship to Renter	<input style="width: 95%;" type="text"/>
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Full Name (Block Letters)	Surname	Given Name(s)
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Address	<input style="width: 95%;" type="text"/>	State	<input style="width: 95%;" type="text"/>	Postcode	<input style="width: 95%;" type="text"/>
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Contact Numbers	Business	()	Email	<input style="width: 95%;" type="text"/>
	Facsimile	()	Mobile	<input style="width: 95%;" type="text"/>

Licence Number	<input style="width: 95%;" type="text"/>	Expiry	/	/	DOB	/	/
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DETAILS OF THEFT					
Day and date of theft				/ /	
At what time and date was the vehicle left parked?		am/pm		/ /	
From where was your vehicle taken?					
		State		Postcode	
Why was your vehicle left there?					
Was the vehicle locked? <input type="checkbox"/> NO <input type="checkbox"/> YES			Was a burglar alarm or security device fitted? <input type="checkbox"/> NO <input type="checkbox"/> YES		
Was any other protective device fitted? <input type="checkbox"/> NO <input type="checkbox"/> YES			Was it activated? <input type="checkbox"/> NO <input type="checkbox"/> YES		
Who reported the theft to the police?					
Full Name (Block Letters)		Surname		Given Name(s)	
Address					
		State		Postcode	
Contact Numbers		Phone ()	Mobile	Email	
Name of Police Officer				Station	
Report Number					
Date and Time of Report		/ /		am/pm	
Please attach a copy of the Police Report					

DETAILS OF OTHER PEOPLE WHO WERE WITH THE PERSON IN CHARGE OF THE VEHICLE AT THE TIME OF THEFT					
Full Name (Block Letters)		Surname		Given Name(s)	
Address					
		State		Postcode	
Contact Numbers		Phone	Mobile	Email	
Full Name (Block Letters)					
		Surname		Given Name(s)	
Address					
		State		Postcode	
Contact Numbers		Phone	Mobile	Email	
Please describe in detail the events leading up to and following the theft.					
How did you get home after the theft?					

DETAILS OF RECOVERY

Date recovered	/ /	Time recovered	am/pm
Date notified of recovery	/ /	Time notified	am/pm
Location of vehicle when first found			
Nearest cross street			
Where is the vehicle now?			

IF THE VEHICLE IS IN BUSH LAND PLEASE ATTACH DETAILED DIAGRAM.

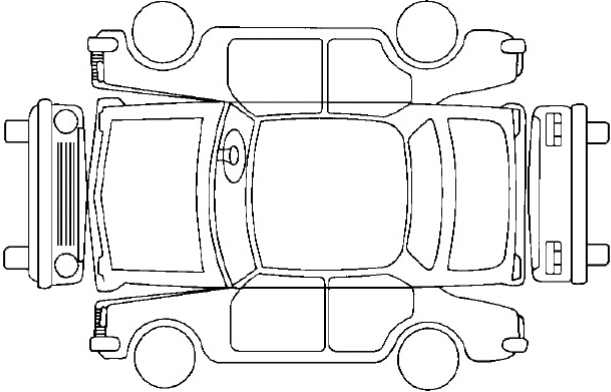
Name of person or police officer who found the vehicle		
Telephone	()	

Was anybody charged with the theft? NO YES, give details

Full Name (Block Letters)	Surname	Given Name(s)	
Address	State	Postcode	

Have you seen the vehicle since being recovered? NO YES

Please state the type of damage: Burnt Impact Stripped

Shade areas of damage being claimed	 <p>Shade Damage</p>
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Has the vehicle been towed? NO YES, give details

Name of the Towing Company	Telephone	()
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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 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.