

**motor vehicle**  
insurance for  
privately owned  
non-commercial  
vehicles

# motor vehicle

accident claim report



*Insurer*  
**CGU Insurance Limited**  
ABN 27 004 478 371

## Please retain this page for your information

### About your claim

- ◆ Please obtain one quotation for the repair of your vehicle from a reputable repairer of your choice. The repairer will then contact us to arrange an assessment of your vehicle.
- ◆ If you do not have a repairer, you are welcome to contact our claims units on the number listed below to obtain a list of Preferred Repairers in your area.
- ◆ For most claims we will check the damage and have repairs authorised and paid for.
- ◆ In certain circumstances, we may request a second quotation be obtained.
- ◆ If someone else involved in the accident contacts you about a claim, or for information, refer the person to your local CGU Insurance office.
- ◆ If you receive a writ or summons, or anything else from a legal firm, forward it to us immediately.
- ◆ We need to handle everything related to your claim.
- ◆ Please refer to your policy booklet for more information about how your claim will be handled.
- ◆ We may need to get a police report.
- ◆ If you have any questions about your claim, please contact your local CGU Insurance office.

The telephone numbers are:

Adelaide	(08) 8405 6300	Perth	(08) 9254 3600
Brisbane	(07) 3135 1900	Sydney	(02) 8224 4000
Launceston	(03) 6345 3500	Ballarat	(03) 5329 4100
Melbourne	(03) 9601 8222	Newcastle	(02) 4935 7100

### How you can resolve a dispute with us

Our dispute resolution system is free and works like this:

1. Please advise the staff at your local CGU Insurance office (phone numbers above) if you are dissatisfied with:
  - our decision on your claim,
  - our handling of your claim,
  - the services of our loss adjuster or investigator.
2. The staff member will try to resolve the problem.
3. If unable to resolve it, the staff member will refer it to the supervisor or manager for attention. A decision concerning your complaint will be made within 15 business days of receipt.
4. If this fails to resolve your problem, you may request that the problem be referred to our internal dispute resolution staff. They will investigate the dispute and try to reach a satisfactory outcome with you, normally within 15 business days of the date you requested a referral.
5. If you do not accept our decision, you may take the problem to the **Financial Ombudsman Service (FOS)**, for an independent investigation. The FOS can assist with private consumer and some small business type claims.

The telephone number for the Financial Ombudsman Service is **1300 780 808**.

**More detailed information about this process is available from your local CGU Insurance office.**

# Car Insurance Claim Report - Accident

Please answer all questions. This will help us process your claim quickly.  
 Please obtain one quotation for the repair of your vehicle from a reputable repairer of your choice.  
 If you need more space to answer any of the questions, please use a separate sheet of paper.  
 Any attachments will form part of this claim report and the declaration will include them.

1. Policy number (from your schedule)

:	:	:	:	:	:	:	:	:	:
---	---	---	---	---	---	---	---	---	---

Expiry date

/	/
---	---

**Office use only**

Alpha code	XS	MP	Cause
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Insured (surname, company, partnership, occupation)

Given name(s) of insured

Contact person (for company or partnership claims)

3. Are you registered for GST purposes?

No

Yes

What is your ABN?

:	:	:	:	:	:	:	:	:	:
---	---	---	---	---	---	---	---	---	---

Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy?

No

Yes

Is the amount claimed or intended to be claimed less than 100% of the GST applicable to the premium?

No

Yes

Specify the percentage amount claimed or intended to be claimed

<input type="text"/>	%
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Are you entitled to claim an input tax credit for repairs or replacement of your vehicle?

No

Yes

Is the amount claimable less than 100%?

No

Yes

Specify the percentage amount claimable

<input type="text"/>	%
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4. Address

<input type="text"/>	Postcode
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5. Private telephone no.

(	<input type="text"/>	)
---	----------------------	---

Business telephone no.

(	<input type="text"/>	)
---	----------------------	---

Facsimile no.

(	<input type="text"/>	)
---	----------------------	---

6. Nominated Fleet Owners Only Record codes as advised

Subsidiary

:	<input type="text"/>
---	----------------------

Division

:	<input type="text"/>
---	----------------------

State

<input type="text"/>
----------------------

Vehicle type

:	<input type="text"/>
---	----------------------

Odometer

:	:	<input type="text"/>
---	---	----------------------

Occupation

<input type="text"/>
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## Insured vehicle details

7. Description of the vehicle involved in the accident?

Registration or identification no. Engine number



VIN

Name of registered owner

Make, model & body type

Year of manufacture

8. Do you owe money on the vehicle?

No

Yes

Lender's name

Approximate amount owing

\$	<input type="text"/>
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9. Has the vehicle been modified or converted from the manufacturer's specification or fitted with accessories other than those supplied by the manufacturer?

No

Yes

Describe the modifications / accessories

<input type="text"/>
<input type="text"/>

## Insured vehicle details (cont'd)

10. Was there any unrepaired damage to the vehicle before the accident?

No  Yes  Describe the unrepaired damage

11. What were you using the vehicle for at the time of the accident? (e.g. travelling to work, shopping, business use)

## Driver details

12. Who was driving the vehicle when the accident happened?

Relationship to insured (e.g. son, daughter, employee)

Address

Postcode

Private telephone no.

Business telephone no.

Facsimile no.

( )

( )

( )

Was this person driving with the knowledge and consent of the insured?

No  Yes

13. Did the driver have a current driver's licence for this class of vehicle?

No  Yes  Licence no.

Learner's  'P' plates  Full

Years licenced

Date of birth

List any restrictions on the licence

14. Did the driver drink any alcohol, or take any drugs or medication in the 12 hours prior to the accident?

No  Yes  What did the driver drink or what drugs or medication did the driver take?

When?

How much?

15. Has the driver been charged with, or convicted of, a motoring offence (other than a parking offence) or been disqualified from driving in the past 5 years?

No  Yes  State the details

16. Has the driver been charged with, or convicted of, any criminal offences in the past 10 years?

No  Yes  State the reasons

17. Has the driver had insurance refused or cancelled, had a renewal refused or had special conditions imposed by an insurer?

No  Yes  State the reasons

18. Has the driver been involved in a car accident, or claimed against an insurance company for damage to a car, in the past 5 years?

No  Yes  Complete details below

Full name of person Date of occurrence Brief details (e.g. hit other car in rear)

	/ /	
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Your insurance company's name

Was a claim submitted to your insurance company? No  Yes

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### Accident details

19. When did the accident happen?

Date Time a.m.   
/ /   
p.m.

20. Where did the accident happen? Please also provide a street directory map reference if possible.

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21. How did the accident happen?

Describe in detail the circumstances leading up to the accident and how the accident happened. It is important to be as accurate as you can. **Please tell us all the facts, even if they are not in your favour.** Tell us which driver you feel is at fault and why.


22. Was a trailer being towed at the time of the accident? No  Yes  Type of trailer Registration number

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23. Did the accident happen at, or near:

(a) Traffic lights? No  Yes  Indicate the colour of the traffic light facing the:

Insured driver - Red  Amber  Green

Other driver - Red  Amber  Green

(b) Stop or Give Way sign? No  Yes  Indicate the type of sign facing the:

Insured driver - Stop sign  Give Way sign

Other driver - Stop sign  Give Way sign

24. What were the road conditions at the time of the accident?

(a) Sealed roadway Wet  Dry  (b) Unsealed roadway Wet  Dry

What were the weather conditions at the time of the accident?

Fine  Overcast  Raining  Storm  Hail  Other weather conditions

What vehicle lights were in use?

What signals were given?








By you  By the other driver  By you  By the other driver

25. At the time of the accident what was the approximate speed **before braking** of the:

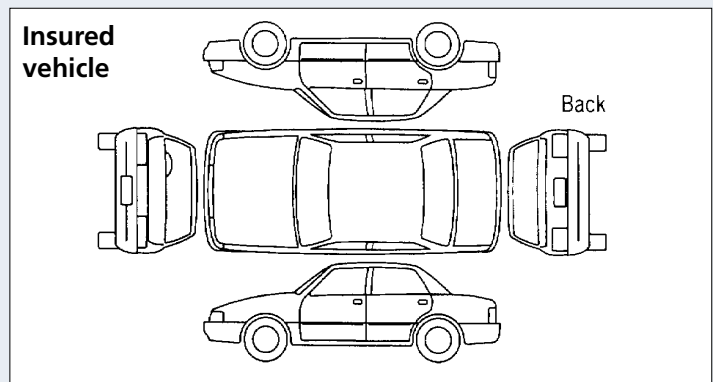
(a) Insured vehicle  km/h (b) Other vehicle  km/h

## Accident details (cont'd)

26. Using the symbols below draw a diagram of the accident scene showing the position of all vehicles. Indicate by arrows the direction in which the vehicles were travelling, the names of the streets and the north point of the compass. Please identify any other vehicles involved as '2', '3', '4' etc. It is important that the sketch be as accurate and as detailed as possible as it may be used in legal proceedings.

Your vehicle 	Other vehicle 	Pedestrian, Cyclist etc. 	Road 	Stop sign 	Give way sign 	Lights 

27. On this diagram please shade the areas damaged in the accident.



28. If we wish to inspect the vehicle, whom do we contact and where will the vehicle be?

Name of person

Telephone no.

Address where the vehicle is being kept

Postcode

### Other vehicle(s) details

Please provide information about the other vehicle(s), even if they were not damaged. This will help in our investigation. If additional vehicles were involved, attach details of those vehicles on a separate sheet.

29. Owner's details (Vehicle 2)

Full name

Telephone no.

Address

Postcode

Owner's insurance company

Make, model & body type

Registration number

Year of manufacture

**Driver's details (Vehicle 2)**

Full name

Telephone no.

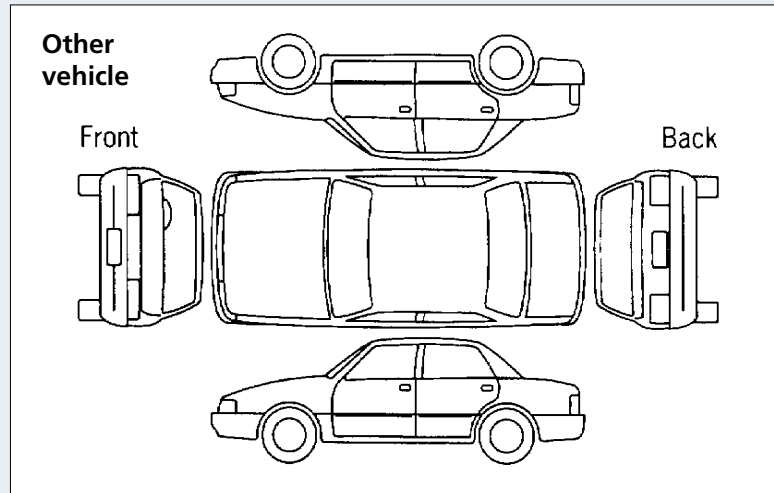
Address

Postcode

Licence number of driver

Date of birth

30. Please shade the damaged areas of the **other** vehicle(s) damaged in the accident



31. As a result of the accident, was there any other property damaged (e.g. fences, telephone poles)?

No  Yes  Provide details (including name and address of owner)

32. Were there any witnesses to the accident?

No  Yes  Please complete the details below

**Witness No. 1**

Full name

Telephone no.

Address

Postcode

Type of witness: Passenger in — insured's vehicle  — other vehicle  Independent eye witness

**Witness No. 2**

Full name

Telephone no.

Address

Postcode

Type of witness: Passenger in — insured's vehicle  — other vehicle  Independent eye witness

*List other people on a separate page and attach the page to this form.*

33. Did the police or fire brigade attend the accident?

No  Yes  Police  OR Fire Brigade

Officer's name

Name of station

34. Was the accident reported to a police station?

No  Yes  Officer's name

Name of station

Date reported

35. Was either driver asked to take a blood / Breathalyser test?

No  Yes  Insured driver  the result  %

Other driver  the result  %

36. Was either driver charged with an offence or offences or advised that charges may be laid?

No  Yes  Insured driver  and the offence(s)

Other driver  and the offence(s)



### Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I consent to CGU Insurance using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, CGU Insurance may not be able to process my claim.

I consent to CGU Insurance disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to CGU Insurance also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisers.

**Signature of the insured or person with authority to sign for and on behalf of a company or partnership**

**Date**

**Signature of the driver (if not the insured)**

**Date**

Please indicate the number of additional pages attached to this claim report

**When complete, please forward the report to:**

- CGU Insurance, GPO Box 9902 in the capital city of your state or
- your agent or your broker or
- your local CGU Insurance office.