

Commercial Motor Vehicle

Claim Form

IMPORTANT INFORMATION – PLEASE READ BEFORE COMPLETING THIS FORM

Completing your claim form

Please complete this claim form in full and return to your Insurance broker, Agent or return to GT Insurance at:

Email: claims@gtins.com.au

Fax: (02) 9966 8840

Mail: PO Box 1937, North Sydney NSW 2059

You must report to us an accident or incident as soon as possible after its happening. It is important you provide us with the information we require to assist you with your claim. If you do not provide us with the required information your assessment may be delayed or we may be unable to manage your claim.

The information you provide will be treated in accordance with our Privacy Policy & Procedures, available at www.gtins.com.au

After your claim has been reported to us we will arrange assessment of your damaged vehicle(s) within 24 hours and have an inspection completed within 48 hours. An experienced claims consultant will be appointed to manage your claim.

Important note: No repairs should be undertaken without the approval of GT Insurance other than:

- Emergency repairs to the extent provided under “Additional Benefits applicable to Part A - Section 7. Emergency Temporary Repairs” of your policy*
- Windscreen damage only

Windscreen claims can be arranged directly through O’Brien Glass. O’Brien Glass will contact GT Insurance to confirm the coverage applicable to your vehicle. Please ensure you have your current policy number and vehicle details available when you contact O’Brien Glass. O’Brien Glass, Phone 1800 645 011, www.obrienauglass.com.au

Is someone making a claim against you?

Do not admit liability. You should request that any claim against you is put in writing and you should provide all correspondence received from the other party with this claim form. For further advice contact your broker or contact GT Insurance on: (02) 9966 8820. Where necessary, we will communicate with third parties and/or their insurer on your behalf to establish the circumstances of the incident.

Your excess

You will be advised of any excess(es) applicable to your claim. On completion of repairs you may be required to pay the repairer the amount of your excess together with any repair contributions. In some instances you may be required to pay your excess to GT Insurance. If it is determined by GT Insurance that the accident was not your fault we will endeavour to recover any excess you have paid from the other party.

Privacy Notice

We give priority to protecting the privacy of Your personal information. We do this by handling personal information in a responsible manner and in accordance with the *Privacy Act 1988 (Cth)*. In this Privacy Notice, ‘We’, ‘Our’, ‘Us’ means Global Transport & Automotive Insurance Solutions Pty Ltd and Allianz Australia Insurance Limited trading as ‘GT Insurance’.

How we collect your personal information

We usually collect Your personal information from You or Your agents. We may also collect it from Our agents and service providers; other insurers and insurance reference bureaus; people who are involved in a claim or assist Us in investigating or processing claims, including third parties claiming under Your Policy,

witnesses and medical practitioners; third parties who may be arranging insurance cover for a group that You are a part of; law enforcement, dispute resolution, statutory and regulatory bodies; marketing lists and industry databases; and publicly available sources.

Why we collect your personal information

We collect Your personal information to enable Us to provide Our products and services, including to process and settle claims; make offers of Our products and services provided by Us, Our related companies, brokers, intermediaries and business partners and others that We have an association with that may interest You; and conduct market or customer research to determine those products or services that may suit You.

You can choose not to receive product or service offerings from Us (including product or service offerings from Us on behalf of Our brokers, intermediaries and/or Our business partners) or Our related companies by calling:

GT Insurance on (02) 9966 8820, EST 8.45am-5pm, Monday to Friday or by writing to GT Insurance, PO Box 1937, North Sydney, NSW 2059

If You do not provide Your personal information We require, We may not be able to provide You with Our services, including settlement of claims.

Who we disclose your personal information to

We may disclose Your personal information to others with whom We have business arrangements for the purposes listed in the paragraph above or to enable them to offer their products and services to You. These parties may include insurers, intermediaries, reinsurers, insurance reference bureaus, related companies, Our advisers, persons involved in claims, external claims data collectors and verifiers, parties that We have an insurance scheme in place with under which You purchased Your Policy (such as a financier or motor vehicle manufacturer and/or dealer). Disclosure may also be made to Government, law enforcement, dispute resolution, statutory or regulatory bodies, and industry databases or as required by law.

Disclosure overseas

Your personal information may be disclosed to other companies in the Allianz Group, business partners, reinsurers and service providers that may be located in Australia or overseas. The countries to which this information may be disclosed will vary from time to time, but may include Canada, Germany, New Zealand, United Kingdom, United States of America and other countries in which the Allianz Group has a presence or engages subcontractors. We regularly review the security of Our systems used for sending personal information overseas. Any information disclosed may only be used for the purposes of collection detailed above and system administration.

Access to your personal information and complaints

You may ask for access to the personal information We hold about You and seek correction by calling:

GT Insurance on (02) 9966 8820, EST 8.45am-5pm, Monday to Friday or by writing to GT Insurance, PO Box 1937, North Sydney, NSW 2059

Our Privacy Policy contains details about how You may make a complaint about a breach of the privacy principles contained in the *Privacy Act 1988 (Cth)* and how We deal with complaints. Our Privacy Policy is available at www.gtins.com.au and www.allianz.com.au

Telephone call recording

We may record incoming and/or outgoing telephone calls for training or verification purposes. Where We have recorded a telephone call, We can provide You with a copy at Your request, where it is reasonable to do so.

Your consent

By providing Us with personal information You and any other person You provide personal information for, consent to these uses and disclosures until You tell Us otherwise. If You wish to withdraw Your consent, including for such things as receiving information on products and offers by Us or persons We have an association with, please contact Us.

General Insurance Code of Practice

The General Insurance Code of Practice was developed by the Insurance Council of Australia to further raise standards of practice and service across the insurance industry. The Code Governance Committee (CGC) is an independent body that monitors and enforces insurers' compliance with the Code.

You can obtain more information on the Code of Practice and how it assists you by contacting Us. Contact details are provided below and on the back cover of the Product Disclosure Statement or Policy Document.

GT Insurance on (02) 9966 8820, EST 8.45am-5pm, Monday to Friday or by writing to GT Insurance, PO Box 1937, North Sydney, NSW 2059

For more information on the Code Governance Committee (CGC) go to www.insurancecode.org.au

Subrogation

You may prejudice Your rights in relation to a claim made under this policy if without prior agreement from Us, You make an agreement with a third party that will prevent Us from recovering a loss from that or another party.

Duty of utmost good faith

Every insurance contract is subject to the duty of utmost good faith which requires both the Insured and the Insurer to act towards each other in utmost good faith. Failure to do so on the part of the Insured may prejudice any claim made under the policy or the continuation of insurance cover by the Insurer.

The Insurer

Allianz Australia Insurance Limited (incorporated in Australia); ABN 15 000 122 850; AFS Licence No. 234708 of 10 Carrington Street Sydney, 2000.

The underwriting agency

Global Transport & Automotive Insurance Solutions Pty Ltd (trading as GT Insurance) AFS Licence No. 240714 ABN 93 069 048 255 of Level 3, Suite 3.01, 213 Miller Street, North Sydney, NSW 2060 is an underwriting agency which specialises in arranging insurance in respect of Motor Vehicles and Mobile Plant and related insurances. GT Insurance acts as the agent of Allianz to market, solicit, offer, arrange and administer the insurance.

GT Insurance has a binding authority to issue, vary and cancel contracts of insurance and to deal with or settle claims on behalf of Allianz. If You need information about this insurance in the first instance, contact GT Insurance.

Complaints – internal and external complaints procedure

If You are dissatisfied with Our service in any way contact Us and We will attempt to resolve the matter in accordance with Our complaints handling procedures. To obtain a copy of Our procedures contact Us on (02) 9966 8820 or visit www.gtins.com.au. If We don't resolve the matter to Your satisfaction You may be able to refer it to the Australian Financial Complaints Authority (AFCA) subject to its terms of reference. It provides a free and independent dispute resolution service for consumers who have general insurance disputes falling within its terms of reference and its contact details are:

The Australian Financial Complaints Authority
Phone: 1800 931 678
Post: GPO Box 3, Melbourne, Victoria 3001
Website: www.afca.org.au
Email: info@afca.org.au

COMPLETING THIS FORM/QUESTIONNAIRE:

- **Please complete all sections in full and provide any requested attachments.**
- **This form may be printed and completed in handwriting or it may be completed electronically as an interactive pdf with fillable form fields. If completing electronically, please download to your local computer and complete using Adobe Acrobat Reader (Fill & Sign tool).**
- **If more space is required when completing this form, please attach a separate sheet.**
- **The use of the term 'You' or 'Your' in this form refers to an Insured and their subsidiary companies and other entities in which they have a controlling interest.**
- **The use of the term 'We', 'Our' or 'Us' in this form refers to the Insurer and its Underwriting Agency.**
- **It is important to refer to the relevant Product Disclosure Statement and Policy Document which sets out the terms and conditions of cover offered. Please contact your local GT Insurance office or speak to your Intermediary.**

Section 1. Policyholder Details

Policy Number
GT Insurance issue commercial motor policies that typically begin with CPG or CMB. For example: CPG12345678, CMB12345678

Insured name(s)
Name of Policyholder/s

Insured's ABN
Australian Business Number (11 digits)

Contact name(s)

Contact number Email

Address

Suburb State or Territory Postcode

Your Claim Reference
For your records, you may provide us with your own reference for this claim e.g. No. or Division.

(ITC) entitlement %
If you are registered for GST and are eligible to claim an ITC for the item/s that you are making a claim on, please insert the percentage of entitlement.

Your Broker or Agent

Broker or Agent Claim Ref No.
Insert if known

Has the Insured in the past 5 years been:

- a. refused insurance or had an insurance policy cancelled? Yes No
- b. convicted of any criminal offence? Yes No

Section 2. Insured Vehicle Details

Please select the vehicle type your claim relates to:

Passenger Vehicle	Plant & Equipment	Goods Carrying Vehicle	Other
<input type="checkbox"/> Sedan or Station Wagon	<input type="checkbox"/> Earthmoving Plant	<input type="checkbox"/> < 4.5 Tonnes GVM	<input type="checkbox"/> Other
<input type="checkbox"/> Four Wheel Drive	<input type="checkbox"/> Quarry/Mining Plant	<input type="checkbox"/> 4.5 - 8 Tonnes GVM	
<input type="checkbox"/> Van or Utility up to 4.5 tonnes	<input type="checkbox"/> Agricultural/Light Plant	<input type="checkbox"/> Over 8 Tonnes GVM	
<input type="checkbox"/> Bus or Coach	<input type="checkbox"/> Logging/Forestry	<input type="checkbox"/> Prime Mover only	
	<input type="checkbox"/> Bobcat/Skidsteer Loaders	<input type="checkbox"/> Prime Mover & Trailer	
	<input type="checkbox"/> Concrete Pumping Trucks & Drilling Rigs	<input type="checkbox"/> Trailer only	

Please provide the following details in relation to the damaged vehicle:

Year	<input type="text"/>	Make	<input type="text"/>	Model	<input type="text"/>
Vehicle ID	<input type="text"/>				
	<i>Vehicle identification can include the following identifiers: VIN, Chassis No., Serial No. or Engine No.</i>				
Registration number	<input type="text"/>	Registration Expiry Date	<input type="text"/>		
	<i>Insert Vehicle Registration No. or write unregistered</i>		<i>dd/mm/yyyy</i>		
Date vehicle was purchased	<input type="text"/>	Purchase price \$	<input type="text"/>		
	<i>dd/mm/yyyy</i>				

Is the vehicle financed?

Yes
 No
 Unknown
 If 'Yes', please provide name of Financier:

Is the Insured the owner of the vehicle?

Yes
 No
 If 'No', please provide owner's name:

Was the vehicle being driven / operated with the Insured's consent?

Yes
 No
 If 'No', please provide details:

Does this claim involve any additional trailer(s) not already disclosed within Section 2 above?

Yes
 No
 If 'Yes', please also complete ADDENDUM - SECTION A

Section 3. Driver Details

Driver's full name	<input type="text"/>				
Driver's Address	<input type="text"/>				
Suburb	<input type="text"/>	State or Territory	<input type="text"/>	Postcode	<input type="text"/>
Date of Birth	<input type="text"/>	Driver's contact number	<input type="text"/>		
	<i>dd/mm/yyyy</i>				
Driver's Licence Number	<input type="text"/>	Licence expiry date	<input type="text"/>		
			<i>dd/mm/yyyy</i>		

Class of Licence held

<input type="checkbox"/> C - Car	<input type="checkbox"/> R - Rider
<input type="checkbox"/> LR - Light Rigid	<input type="checkbox"/> MR - Medium Rigid
<input type="checkbox"/> HR - Heavy Rigid	<input type="checkbox"/> HC - Heavy Combo
<input type="checkbox"/> MC - Multi Combo	
<input type="checkbox"/> Other	<input type="text"/>

Relationship of the driver to the Insured:

<input type="checkbox"/> Insured - Owner/Driver	
<input type="checkbox"/> Employee	
<input type="checkbox"/> Contract/Casual Driver	
<input type="checkbox"/> Relative	
<input type="checkbox"/> Other	<input type="text"/>

How long has the driver been licenced to drive this vehicle in Australia? Years Months

Has the driver:

a. had their driving licence endorsed, suspended or cancelled within the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. been involved in any accidents within the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. suffered from any physical or mental condition which could affect their driving performance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. been fined or convicted of more than 3 speeding or other traffic offences (other than parking) within the last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. been convicted with Prescribed Concentration of Alcohol (PCA) or Driving Under the Influence (DUI) in the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If 'Yes' to any of a. to e. above, please provide details:

Did the driver:

a. consume any intoxicating liquor or drugs (including prescription drugs) in the 12 hours preceding the accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. undergo a breathalyser test following the accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. undergo a blood test following the accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. undergo a drug test following the accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. undergo a urine test following the accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If 'Yes' to any of a. to e. above, please provide details/specify results:

Section 4. Incident Details

Please provide details of the incident surrounding this claim:

Date the incident occurred Time the incident occurred
dd/mm/yyyy Between (am/pm) And (am/pm)

Location where the incident occurred:

Street Address
 Suburb State or Territory Postcode

Is there any CCTV/Dashcam footage of this incident? Yes No

Select the relevant conditions:

Weather conditions

- Dry
- Wet
- Raining
- Hailing
- Flood

Road conditions

- Tarmac / bitumen
- Gravel / dirt
- Sand / beach

Situation

- Straight Road
- Highway
- T - intersection
- Driveway
- Tunnel
- Car Park
- Bend
- Intersection
- Round About
- Bridge
- Private Property
- Other (specify in description below)

Estimated speed of your vehicle (km/h)

Estimated speed of other vehicle (km/h) if involved

Type of load being carried

Weight (kg) of load being carried

Describe how the incident occurred

Please provide a diagram of the incident:
 (include street names, traffic lights, give way signs etc.)

A Indicate your own vehicle as A

B Indicate any other vehicles as B

Name of the person last in charge of the vehicle

Contact phone number

Who do you consider is at fault and why?

Did this incident result in damage to any other parties vehicle(s) or property?

Yes No

If 'Yes', please also complete ADDENDUM - SECTION B

Section 5. Damage to Insured Vehicle

Describe the damage to the vehicle

Was the vehicle towed from the scene?

Yes No

If 'Yes', please provide details of tow company:

Has a repair quote been obtained?

Yes No

If 'Yes', please attach when returning this form

Amount \$

Is the vehicle drivable?

Yes No

Address where the vehicle can be assessed:

Address

Suburb

State or Territory

Postcode

Do you have a preferred repairer?

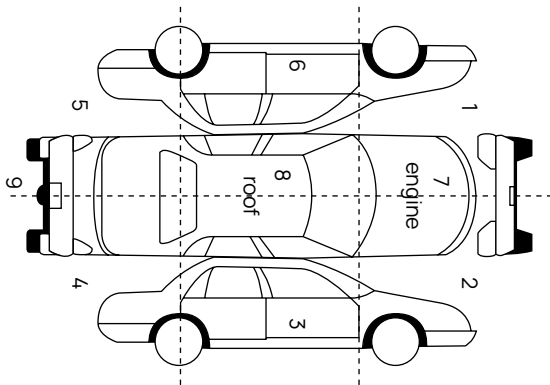
Yes No

If 'Yes', please provide contact details of repairer:

If the vehicle was stolen, has it been recovered in a damaged condition?

Yes
 No
 N/A

Show the damage to your vehicle on the following diagram:



Would you like to provide photos of the damage to your vehicle?

Yes
 No
 If 'Yes', please attach when returning this form

Section 6. Police & Witness details

Was the incident reported to the police?

Yes
 No
 If 'Yes', please confirm the date:

dd/mm/yyyy

Did the police attend the accident scene?

Yes
 No
 If 'Yes', please provide the following:

Police event / report No.

Officer's name / number

Police station

Police action taken or pending?

Yes
 No
 Unknown
 If 'Yes', please provide details:

Were there any witnesses to the accident?

Yes
 No
 If 'Yes', please provide the following:

Witness name

Witness contact number

Witness Address

Suburb State or Territory Postcode

Section 7. Addendum / Additional Attachments

Please indicate if this form will include any of the following upon submission:

- | | |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Driver's Licence - Photocopies of BOTH sides (supply is mandatory) | <input type="checkbox"/> ADDENDUM - SECTION A for Additional Trailers (if You indicated in Section 2 that this claim involves additional trailers) |
| <input type="checkbox"/> Copy of vehicle registration | <input type="checkbox"/> ADDENDUM - SECTION B for Damage to any other parties vehicle(s) or property (if You indicated in Section 4 that the incident involved damage to any other parties vehicle(s) or property) |
| <input type="checkbox"/> Other party demands (if applicable) | <input type="checkbox"/> Separate sheet detailing answers which you could not fit adequately on the form |
| <input type="checkbox"/> Police report (if applicable) | <input type="checkbox"/> Supporting documentation (e.g. repair quotes, photos) |
| <input type="checkbox"/> Excess payment | |
| <input type="checkbox"/> Full details of other parties involved | |
-

Section 8. Declaration

I/We hereby declare that:

- I/We have been truthful and accurate in completing this form and declaration and have not withheld any information likely to affect the assessment of this claim by the Insurer;
- I/We have either completed this form personally or, if it has been on my/our behalf, have checked that the questions have been fully and accurately answered;
- Where there is more than one Insured(s)/Policyholder(s) included on this form, I/We acknowledge that I/We are authorised to sign for and on behalf of the other Insured(s)/Policyholder(s);
- I/We have read and understood the Privacy Notice on this form and consent to the collection, storage, use and disclosure of any personal and sensitive information;
- if I/We have not complied with the Duty of Disclosure and Duty of Utmost Good Faith, a claim made under the Policy may not be met or only met in part.

I/We agree?

Completed by (print full name)

Signature

Position / Title held

Date of declaration
dd/mm/yyyy

ADDENDUM - Section A: Additional Trailers

This section is to be completed if you indicated in Section 2: Insured Vehicle Details, that this claim involves additional trailers

No. of additional trailers involved in the incident

*Please provide details for each additional trailer.
If more space is required please provide details in
a separate attachment*

Additional Trailer 1

Year	Make	Model
<input type="text"/>	<input type="text"/>	<input type="text"/>

Trailer type (e.g. logging, refrigerated)	Type of load	Weight (kg) of load being carried
<input type="text"/>	<input type="text"/>	<input type="text"/>

Trailer registration number	Trailer serial number
<input type="text"/>	<input type="text"/>

Is the Insured the owner of the vehicle?

Yes No If 'No', please provide owner's name

Is the vehicle financed?

Yes No If 'Yes', please provide name of Financier

Purchase Price \$

Describe the damage to the trailer

Additional Trailer 2

Year Make Model

Trailer type (e.g. logging, refrigerated) Type of load Weight (kg) of load being carried

Trailer registration number Trailer serial number

Is the Insured the owner of the vehicle?

Yes No If 'No', please provide owner's name

Is the vehicle financed?

Yes No If 'Yes', please provide name of Financier

Purchase Price \$

Describe the damage to the trailer

End of ADDENDUM - Section A

ADDENDUM - Section B: Damage to any other parties vehicle(s) or property

This section is to be completed if you indicated in Section 4: Incident details, that the incident involved damage to any other parties vehicle(s) or property

No. of other parties vehicle(s) / property damaged in the incident

Please provide details for each additional vehicle/property damaged. If more space is required please provide details in a separate attachment.

Damage to other vehicle/property 1

Describe the damage to the other parties vehicle or property

If the damage caused by the incident involved another vehicle, please provide the following:

Year	Make / Model	Registration number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Insurer name	Owner's name
<input type="text"/>	<input type="text"/>

Owner's contact number	Owner's licence number
<input type="text"/>	<input type="text"/>

Owner's street address

Suburb	State or Territory	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Driver's name of the other vehicle (if different to the Owner)	Driver's contact number	Driver's licence number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Driver's street address

Suburb	State or Territory	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Damage to other vehicle/property 2

Describe the damage to the other parties vehicle or property

If the damage caused by the incident involved another vehicle, please provide the following:

Year	Make / Model	Registration number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Insurer name	Owner's name		
<input type="text"/>	<input type="text"/>		
Owner's contact number	Owner's licence number		
<input type="text"/>	<input type="text"/>		
Owner's street address	<input type="text"/>		
Suburb	<input type="text"/>	State or Territory	<input type="text"/>
			Postcode <input type="text"/>
Driver's name of the other vehicle (if different to the Owner)	Driver's contact number	Driver's licence number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Driver's street address	<input type="text"/>		
Suburb	<input type="text"/>	State or Territory	<input type="text"/>
			Postcode <input type="text"/>

End of ADDENDUM - Section B