

The completion of this form and its receipt by us is not an indication that we accept any liability.

Please print in block letters and answer all Questions **X** where applicable (provide full and complete answers). If a particular question does not apply, please write "Nil" in the space provided. If the space provided below is insufficient to advise all the details, please attach a separate sheet.

The form should be completed and returned to us within 7 days of receipt by the insured. No repairs should be carried out without the approval of CGU Insurance. A copy of any quote for repairs should be included with this form.

Your Policy no.	Your cost centre (if applicable)	Your reference (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Insured's details

Name of insured	Contact name
<input type="text"/>	<input type="text"/>

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

Private telephone no.	Business telephone no.	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email
<input type="text"/>

Name of registered owner
<input type="text"/>

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

Email address
<input type="text"/>

Are you registered for GST?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	▶	What is your ABN?	<input type="text"/>
-----------------------------	-----------------------------	------------------------------	---	-------------------	----------------------

Are you entitled to any Input Tax Credit (ITC) if you repair or replace the property damaged?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	▶
---	-----------------------------	------------------------------	---

What is your percentage entitlement?	<input type="text"/>	%
--------------------------------------	----------------------	---

Vehicle details

Year of manufacture	Vehicle make and model	Body type e.g. Sedan, utility
<input type="text"/>	<input type="text"/>	<input type="text"/>

No. of cylinders	Chassis/VIN no	Engine no	Registration no.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list all accessories or other equipment which has not been fitted by the vehicle manufacturer
<input type="text"/>

Is Vehicle subject to Finance? (Mortgage/Bill of Sale/Hire Purchase/Lease)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	▶	Please give details
--	-----------------------------	------------------------------	---	---------------------

Name	Contract no. (if known)
<input type="text"/>	<input type="text"/>

Driver's details

Driver or person last in charge of your vehicle

Name

Date of birth

 / /

Address

Postcode

Driver's licence no.

Classes

Expiry date of driver's licence

 / /

Years held

Type of licence

Full

Probationary

Learners

Has the driver had any accidents, traffic convictions and/or penalties in last 5 years?

Has the driver's licence ever been suspended or cancelled?

No

Yes

Please give details: When?

State reason

If the driver is not the Insured, please state:

a. Was the vehicle being driven with the Insured's knowledge or consent?

No

Yes

b. Was the driver a paid employee of the Insured?

No

Yes

If the answer is "No", please specify relationship below

Was the driver taken to hospital?

No

Yes

Had the driver consumed any drugs or alcohol within 24 hours preceding the accident?

No

Yes

Please state the nature and quantity of drugs and/or alcohol consumed:

Was a blood, breath or urine test carried out?

No

Yes

Give details of type of test

Blood Test

Urine Test

Alco-Test

Full Breathalyser

What was the reading?

Police, traffic and other action against you or your driver

Did police attend accident and take particulars? No Yes

Has driver reported accident to the police? No Yes Give details

Where?

Report Number

Date reported

Was any charge laid or intimated against driver? No Yes Give details

Nature of charges

Vehicle information

Was the vehicle being used for business at the time of the accident. No Yes Please state the nature of business

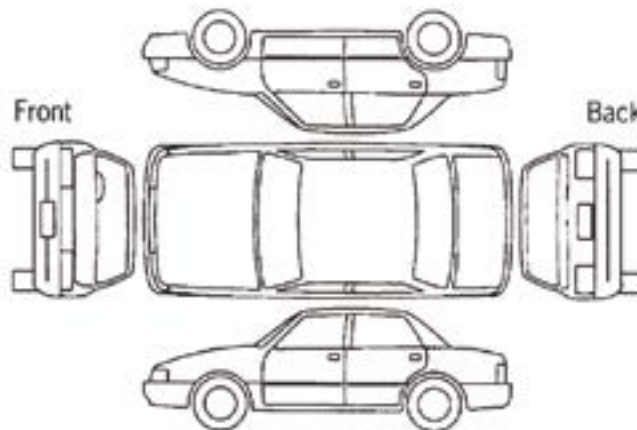
If goods carrying vehicle please state:

Nature of load

Weight of load

Describe damage to insured vehicle in this accident

Place X on diagram to show areas of damage.



Was there pre-existing damage? No Yes Please give details

Was vehicle towed? No Yes Please give details

By Whom?

When?

Present location of vehicle

Choice of repairer

Repair quote

When will vehicle be left at repairer's workshop to be inspected?

Please phone us to report the accident and to arrange inspection for repairs to proceed without delay. Where an accident has occurred beyond Metropolitan Area, an itemised quotation should be sought from a local repairer and sent with this form (except Third Party Property Damage(TPPD)).

Details of other vehicle or property

Owner's name

Telephone no.

Address

Postcode

Driver's name

Approx. age

Telephone no.

Address

Postcode

Vehicle make and model

Body type

Registration no

Describe damage to vehicle and/or property

Is the vehicle/property insured?

No

Yes



Name of company

Is the other driver known to you?

No

Yes



How?

Details of all witnesses

Were there any witnesses to this accident?

No

Yes



Please provide details

Name

Age

Address

Postcode

Telephone no.

State if the witness was:

an independent witness

in the insured vehicle

in the third party vehicle

Details of accident

Have you previously reported this accident to us? No Yes Please give details

How?

Date of accident

 / /

Time

a.m.

p.m.

Where did accident occur?

Address

Postcode

Speed of your vehicle

At the moment of impact

Before emergency arose

Speed of other vehicle

At the moment of impact

Before emergency arose

What lights were in use?

At the moment of impact

Before emergency arose

Were indicators operating?

At the moment of impact

Before emergency arose

What was the road surface like?

Wet

Dry

Sealed

Loose

Traffic controls

None

Traffic lights

Give way sign

Stop sign

Roundabout

Other

How many vehicles were involved (including your own)

State clearly and fully how the accident occurred

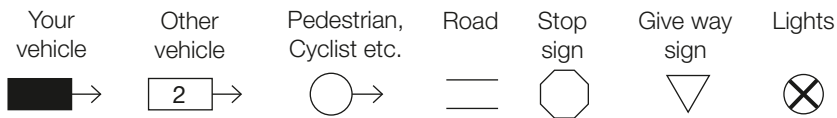
Who, in your opinion was at fault for the accident?

Why?

Has any claim been made against you? No Yes Please give details

Diagram of accident

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. Show the point of impact so: X. It is important that the sketch be as accurate and as detailed as possible.



Before signing please read this important information

Excess – You must pay all applicable excesses before we are liable for any payment under this policy.

Declaration

I hereby authorise the Insurer to obtain any report or statement that I have made to the police.

No information likely to affect the acceptance of this claim has been withheld. I understand that this claim may be refused if any information is false, or inaccurate or concealed. I/we agree that, by submitting this form, the personal information I/we provide to CGU Insurance in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at www.cgu.com.au/privacy, including for processing this claim.

Signature of the driver

Date

DD / MM / YY

Age of driver or person last in charge of vehicle

The foregoing information is, to the best of my knowledge and belief, true in every respect.

I/we agree that, by submitting this form, the personal information I/we provide to CGU Insurance in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at www.cgu.com.au/privacy, including for processing this claim.

I hereby submit the foregoing information in support of my formal claim for indemnity under my policy and I hereby authorise the Insurer to obtain any report or statement that I have made to the police.

Signature of the insured

Date

DD / MM / YY

Please ensure that all questions have been answered

When complete, please forward the report to:

Email - claims@cgu.com.au

Post - CGU Insurance, GPO Box 2852 MELBOURNE VIC 3001

or send it to us via your Agent or Broker

Alternatively, claims can be lodged over the telephone 24 hours a day, 7 days a week by calling us on 13 24 80 (13 CGU 0)



Insurer
Insurance Australia Limited
ABN 11 000 016 722 AFSL 227681
trading as CGU Insurance