

# MOTOR VEHICLE THIRD PARTY DAMAGE

**CLAIM REPORT**



**Please retain this page for your information**

**ABOUT YOUR CLAIM**

- We will contact you as quickly as possible about your claim.
- If you have any questions about your claim, please contact your local CGU Insurance office. The telephone numbers are:

<b>Adelaide</b>	<b>(08)</b>	<b>8405 6300</b>	<b>Perth</b>	<b>(08)</b>	<b>9278 1333</b>
<b>Brisbane</b>	<b>(07)</b>	<b>3212 7878</b>	<b>Sydney</b>	<b>(02)</b>	<b>8224 4000</b>
<b>Launceston</b>	<b>(03)</b>	<b>6345 3500</b>	<b>Ballarat</b>	<b>(03)</b>	<b>5320 1444</b>
<b>Melbourne</b>	<b>(03)</b>	<b>9601 8222</b>	<b>Newcastle</b>	<b>(02)</b>	<b>4935 7100</b>

# MOTOR VEHICLE CLAIM - THIRD PARTY DAMAGE

Please answer all questions. This will help us process your claim quickly.  
 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.

Policy/Claim number

:	:	:	:
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**Our insured's details**

Driver's full name Driver's age

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Owner's full name

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Year, make, model of vehicle Registration number

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**Your details**

Driver's full name Driver's age

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Driver's address Postcode

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Private phone no. Business phone no.

( )	( )
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Owner's full name

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**Are you registered for GST purposes?**

No  Yes  What is your ABN? 

: : : : : : : : : :
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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 

	%
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Owner's address Postcode

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Owner's private phone no. Owner's business phone no.

( )	( )
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Year, make, model of vehicle Registration number

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**Important: Attach a copy of your current registration papers.**

**Particulars of insurance**

Is your vehicle

(a) Comprehensively insured?	<input type="checkbox"/>
(b) Third Party Property Damage insured?	<input type="checkbox"/>
(c) Not insured?	<input type="checkbox"/>

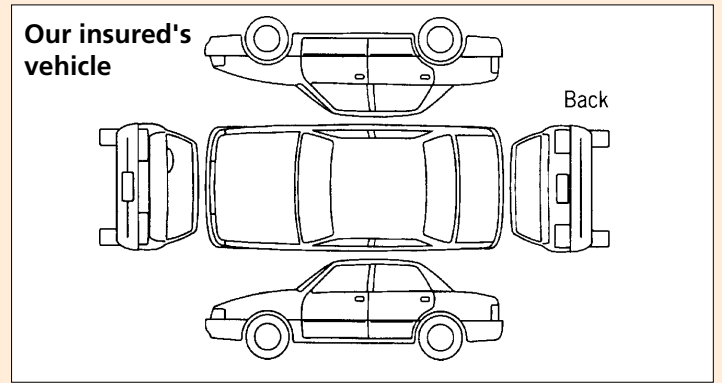
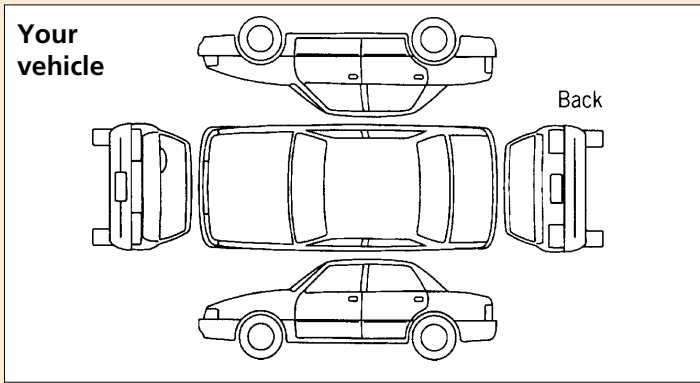
If insured, with which company and provide your policy number

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Have you reported the accident to them? No  Yes

## Damage to Vehicles

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



Have you obtained a quotation for your repairs?

No  Yes  *Please enclose copy*

Where may your vehicle be inspected?


## Accident details

When did the accident happen?

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

Where did the accident happen?

Street name(s)

Suburb

Nearest intersecting street

How did the accident happen?

Please describe in detail the circumstances leading up to the accident and how the accident happened.


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 and the names of the streets.

Your vehicle	Our client's vehicle	Pedestrian, Cyclist etc.	Road	Stop sign	Give way sign	Lights
Immediately prior to impact				After impact		

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 your vehicle

Independent eye witness

**Witness No. 2**

Full name

Telephone no.

Address

Postcode

Type of witness: Passenger in your vehicle

Independent eye witness

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

Did the police attend the accident?

No  Yes

Officer's name

Name of station

Was the accident reported to a police station?

No  Yes

Officer's name

Name of station

Date reported

Was your driver asked to take a blood / Breathalyser test?

No  Yes  the result  %

Was anyone charged with an offence or offences or advised that charges may be laid?

No  Yes

Who?

What offences?

**Other parties**

Apart from yourself and our insured, were any other parties involved in this accident?

No  Yes  Please provide details

**Fault**

Why do you consider our insured is at fault?

## 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 advisors.

**Signature of the driver**

**Date**

**Owner's signature**

**Date**

Please print name

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
  - our agent or your broker or
  - your local CGU Insurance office.



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