

# MOTOR VEHICLE THEFT

**CLAIM REPORT**



**Please keep this page for your information**

**ABOUT YOUR CLAIM**

- We will contact you as quickly as possible about your claim.
- For most claims we will check the circumstances and the damage before we have repairs authorised and paid for.
- We need to handle everything related to your claim.
- We may need to get a police report.
- Please refer to your policy booklet for more information about how your claim will be handled.
- Please answer the questions on GST at Question 3.
- 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) 9278 1333
Brisbane	(07) 3212 7878	Sydney	(02) 8224 4000
Launceston	(03) 6345 3500	Ballarat	(03) 5320 1444
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 immediate attention.
4. If this fails to resolve your problem, you may request that the problem be referred to our Dispute Resolution Officer. This Officer will investigate the dispute and try to reach a satisfactory outcome with you, normally within 21 days of the date you requested the service of the Dispute Resolution Officer.
5. If you do not accept our decision, you may take the problem to the **General Insurance Claims Review Panel**, for an independent investigation. The Panel can assist with private consumer and some small business type claims.

The telephone number for the Claims Review Panel is **1300 363 683**.

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

# MOTOR VEHICLE CLAIM REPORT - THEFT

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.

1. Policy number (from your schedule)

:	:	:	:	:	:	:	:	:	:
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Expiry date

/	/
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**Office use only**

Alpha code	XS	MP	Cause
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

2. Insured (surname, company, partnership)

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 amount applicable to this policy?

No  Yes  Is the amount you 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  %

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  %

4. Address

	Postcode
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5. Private telephone no.

Business telephone no.

Facsimile no.

6. Insured's licence or learner's permit number

Licence expiry date

/	/
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Date of Birth

/	/
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7. Nominated Fleet Owners Only Record codes as advised

Subsidiary  Division  State  Vehicle type  Odometer  Occupation

**Insured vehicle details**

8. Description of the vehicle stolen

Registration or Identification number

Odometer

:	:	:	:	:	:
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Make, model & body type

Year of manufacture

Name of registered owner

Colour of vehicle

Engine No.

V.I.N.

Auto/Manual/other

## Insured vehicle details (continued)

From whom did you purchase your vehicle?

Name

Address

Postcode

Date

Price paid

9. Do you owe money on the vehicle?

No  Yes

Lender's name

Approximate amount owing

Lender's address

Private telephone no.

Business telephone no.

Facsimile no.

Loan account

Loan type

10. 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

Was the vehicle locked before the theft?

No  Yes

Has the vehicle been fitted with an immobiliser or a car alarm?

No  Yes  Brand and model

Immobiliser

Alarm (please tick)

11. What was stolen?

Vehicle  Contents or accessories  Please list

12. Was there any unrepaired damage to the vehicle before the theft?

No  Yes  Describe the unrepaired damage

13. What was the vehicle being used for before the theft (e.g. private use only, carrying goods in connection with business)?

Describe in detail the circumstances leading up to the theft

14. Where was the vehicle parked at the time of the theft?

Postcode
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15. When was the vehicle parked or last checked?

Date	Time	a.m.	<input type="checkbox"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	p.m.	<input type="checkbox"/>

16. Who last saw the vehicle?

Full name

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

Address  
 Postcode

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

17. Who discovered the theft and when?

Full name	Date	Time	a.m.	<input type="checkbox"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	p.m.	<input type="checkbox"/>

18. What means of transport are you using now?

Do you own another vehicle?

No  Yes

19. Do you know who was responsible for the theft?

No  Yes  State names and addresses or any other identifying information

20. To which police station was the theft reported?

Officer's name	Name of station	Date reported	Time	a.m.	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	p.m.	<input type="checkbox"/>

Who reported the theft?

Full name

21. Was the vehicle recovered?

No  Yes  a) Explain the circumstances surrounding the recovery (e.g. who, when, where)

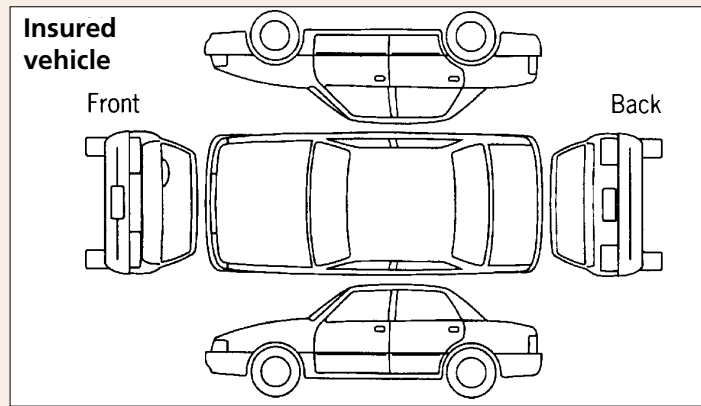
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

b) If damaged, provide details

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

21. Continued ...

c) On this diagram please shade the areas damaged.



Please attach a quote from a repairer.

22. Have you been charged with, or convicted of, a motoring offence (other than a parking offence) or been disqualified from driving in the past five years?

No  Yes  State details


23. Have you ever had insurance refused or cancelled, had a renewal refused or had special conditions imposed by an insurer?

No  Yes  State reasons


24. Have you been charged with, or convicted of, any criminal offence in the past ten years?

No  Yes  State details


25. Have you had a car burnt or stolen, or claimed against an insurance company for damage to a car, in the past five years?

No  Yes  State details

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

	/   /	
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Was a claim submitted to your insurance company?

No  Yes

## Declaration

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

**Date**

*\* This consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business.*

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

**When complete, please forward this claim 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