# Commercial Motor Vehicle Claim Form

The issue of this form is not an admission of liability

## What happens now?

Please complete this Claim Form in full and contact your Broker / Agent or nearest Global Branch.

## What can you expect?

As soon as 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. A fully trained & experienced Claims Handler will be appointed to manage your claim, who will keep you informed of how the claim is progressing.

## Is someone making a claim against you?

Please complete this Claim Form and return to your Global Branch together with all correspondence received from the other party. Or contact Global for advice.

## What about my excess?

On completion of repairs you are required to pay the repairer the amount of your excess together with any repair contributions. (Please note: All claims submitted require excess payment regardless of fault).

If it is determined by Global that the accident was not your fault Global will try to recover your insurance excess from the other party. Naturally Global can not guarantee that this action will be successful.

## Consequences if the information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

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Checklist – have you supplied?

- [ ] Copy of licence / log book
- [ ] Other party demands
- [ ] Police report (if applicable)

- [ ] Repair quote
- [ ] Claiming for loss of use – refer Section 4
- [ ] Full details of other party

- [ ] Excess payment

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## 1. The Insured (To be completed by the Insured)

Broker or Agent _____

Policy number _____

Expiry date _____

Name(s) of Insured in full _____

_____

_____

_____

Phone number _____

Mobile _____

Address _____

_____

_____

_____ State _____ Postcode _____

Current ABN _____

## 2. Particulars of the motor vehicles(s)

(To be completed by the Insured)

Year _____

Make _____

Model _____

Body type _____

Vehicle ID number (VIN/chassis) _____

Engine number _____

Colour _____

Registration number _____

Registration expiry date _____

Date purchased _____

Price paid $ _____

CTP insurer _____

Name of owner of vehicle _____

Name of finance co./bank
if vehicle/s encumbered _____

Type and weight of load being carried _____

## 3. Driver or person in charge of vehicle

Surname _____

Given name(s) _____

Address _____

_____ State _____ Postcode _____

Phone _____ Mobile _____

Date of birth _____ Age _____

Drivers licence no. _____

State of issue _____ Expiry date _____

How long has the driver been licenced?

_____

Photocopies of both sides of licence MUST be attached.

Relationship of Driver to Insured (eg. employee,
sub contractor, relative etc) _____

Was the vehicle driven with the Insured's consent?

Yes ☐ No ☐

If no, supply details _____

_____

_____

Was any intoxicating liquor or drugs (including prescription
drugs consumed in the 12 hours preceding the accident?

Yes ☐ No ☐

If yes, supply details _____

_____

_____

Did the driver undergo a breathalyser OR blood test?

Breathalyser                     Yes ☐ No ☐

Blood test                       Yes ☐ No ☐

If yes, what were the test results? _____

_____

## 4. Demurrage – Loss of Income (Shift) Claims

Please be advised should you wish to lodge a claim for loss of
Shift we require the following be provided:

• Supply Global Transport Insurance with the driver's
  daily work sheets (login sheet) for the 14 days prior to
  the accident.
• Loss of shift can not be claimed if a standby Taxi was supplied.
• Any recovery could be held up should these documents
  not be provided including recovery of your excess paid.

## 5. Details of accident (To be completed by Driver)

Date _____ / _____ / _____ and Time _____ am/pm

of accident / theft (delete whichever not applicable)

Exact location where accident / theft occurred: _____

_____

_____

Approx. speed of your vehicle _____ km/hr

Approx. speed of other vehicle _____ km/hr

Journey commenced: Time _____ am/pm

and Place _____

Vehicle destination _____

Inbound or outbound to home base? _____

Weather and road conditions? _____

_____

Describe in detail how the accident occurred _____

_____

_____

_____

In the Driver's opinion, who was responsible for the accident

Name _____

Why? _____

_____

_____

Has any claim been made on you?          Yes ☐   No ☐

If yes, provide details: _____

_____

Date _____ / _____ / _____ and Time _____ am/pm accident/theft

reported to police

Did police attend the accident scene?          Yes ☐   No ☐

Name and station of the police officer who took accident

particulars: _____

_____

Is police action pending?          Yes ☐   No ☐

## 6. Independent witnesses

Name _____

Phone number _____

Address _____

_____ State _____ Postcode _____

## 7. Persons injured in the accident

Name _____

Phone number _____

Address _____

_____ State _____ Postcode _____

## 8. Damage to insured vehicle

Give brief details of loss or damage to your vehicle _____

_____

_____

_____

_____

Has a repair quotation been obtained?          Yes ☐   No ☐

If yes, please attach quote.     Amount $ _____

Where can the Insured vehicle be inspected? _____

_____

_____

Was your vehicle damaged?          Yes ☐   No ☐

If tyres damaged, approximate mileage of tyres _____

Was your vehicle towed away?          Yes ☐   No ☐

If yes, name the company _____
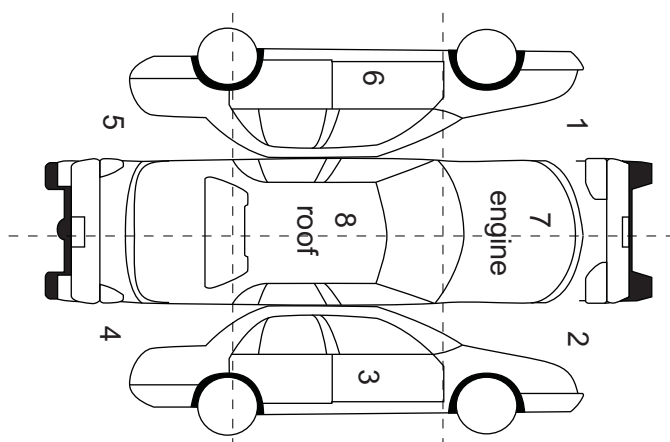
Who is your preferred repairer? _____

Phone number _____

Is the vehicle there?          Yes ☐   No ☐

If no, where is the vehicle located? Full address _____

_____

_____

_____ State _____ Postcode _____

Show the damaged areas to your vehicle on the following diagram:

## 9. Other persons involved in this accident

(or the owner of the other vehicle or property)

Name _____

Phone number _____

Address _____

_____ State _____ Postcode _____

If vehicle, please provide   Make _____

Registration number _____

Licence number _____

(If more than one vehicle supply details on a separate page)

Give details of the driver if different to the owner

Name _____

Phone number _____
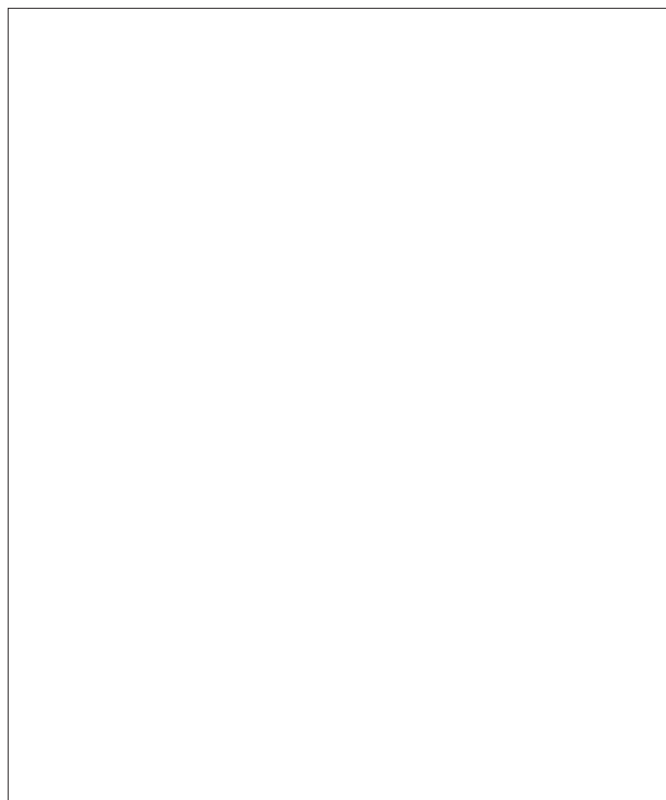
Address _____

_____ State _____ Postcode _____

Give brief details of loss or damage to other
vehicle or property _____

_____

_____

_____

## 10. Diagram of accident

(To be completed giving street named traffic lights,
give way signs etc.)

A ⟩   Indicate your own vehicle as A

B ⟩   Indicate any other vehicles as B

Additional comments _____

_____

## Declaration and signature of insured and driver

My answers to the questions and statements in this claim form are to the best of my knowledge and belief correct and I have not withheld any information likely to affect consideration of this claim.

Where such answers are not in my handwriting and relate to the accident details, or me, they have been checked by me and certified as correct.

Driver's signature _____

Date _____ / _____ / _____

Insured's signature _____

Date _____ / _____ / _____

## Privacy statement

The Privacy Act 1998 (as amended) now applies and requires us to inform you that:

Purpose of Collection: We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of providing insurance services to you.  This includes evaluating your application, evaluating any request for a change to any insurance provided; providing administering and managing the insurance services following acceptance of an application; investigating and, if covered, managing claims made in relation to any insurance you have with us.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us use or disclose the information for this secondary purpose.  However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

Disclosure: We may disclose your personal information, when necessary and in connection with the purposes listed above, to; your insurance broker or our agent, Government Bodies, loss assessors, claim investigators, reinsures, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical   and health professionals, legal and other professional advisers.

Consequences if the information is not provided: If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

Access: You can request access to the personal information by contacting us at our address shown on this form.