

MOTOR VEHICLE CLAIM FORM

If there is not enough room on this form for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete

CONTACT US

The Claims Officer
E-mail: claims@globalrisks.com.au
Ph No: 0413 607270
PO Box 480 Rose Bay NSW 2029

MOTOR VEHICLE CLAIMS INFORMATION

To ensure that repairs are underway quickly, you should obtain a minimum of two quotes from repairers, one of whom we recommend. A list of recommended repairers closest to you is available from us.

The quotations together with the completed claim form should be forwarded to us as soon as possible and we will arrange for our assessor to inspect the damage. Provided the policy and claim form are in order, repair work will be authorised without delay.

The information provided below may answer some of the questions which could arise following your claim:

- The excess must be paid to the repairer when you collect your car unless prior arrangements have been made with us. This must be paid even if you were not at fault. If the accident was clearly someone else's fault, we will take recovery action against the person responsible for the accident and will include the amount of your excess. In the case of third party only cover, the excess must be paid to your Insurer at the time of submitting your claim.
- Your no claim discount will not be affected provided you are able to prove that some person other than you or the driver of the insured vehicle was totally responsible for the accident and you are able to advise us of the name and address of that person.
- If the other party involved in the accident has stated that you are being held responsible for the damage to the other vehicle or property, you should indicate that you will be lodging a claim with us and that any demands for compensation will be handled by your Insurer. Do not admit liability or make any offers or promises of payment without our consent.
- If you receive a letter of demand and a quotation and/or account for the repairs to another person's vehicle or property, you must send this correspondence to us immediately. Any delays could result in additional costs.
- Even if you feel you were not responsible for the accident, do not ignore letters of demand from the other party. Any correspondence from the other party should be forwarded to us. If you fail to act on the other party's letter of demand, it may result in a summons being served on you. If this happens, you must contact us immediately.
- If you feel the repairs to your vehicle are unsatisfactory, you should discuss the problem with the repairer. If you are unable to reach agreement, then contact us.



YOUR PRIVACY

The Privacy Act 1988 (Cth) requires us to make the following disclosure before collecting personal information about you:

- We collect personal information in order to provide our broking services including assistance with insurance claims. We will ask you to supply personal information on this form so we can assist you to submit your insurance claim, and have it considered by the insurer. We will disclose this information to the insurer for this purpose.
- If the personal information is not provided, the insurer may not be able to assess and pay the claim and we may not be able to assist with your claim.
- We and the insurer may disclose the personal information to other people involved in reviewing the claim, including reinsurers, other insurance intermediaries, the insurer's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process.
- Your information will be disclosed to organisations overseas if your policy is underwritten by an overseas insurer. If your insurer is overseas, information about where the insurer is located is set out below:
- By signing this form, you consent to us and the parties mentioned above collecting, using and disclosing personal and sensitive information about you for the purposes described above. You understand that any personal and sensitive information disclosed to organisations located overseas may not be protected in the same way as it is in Australia. Even though we have not control over how the information will be used and disclosed, you consent to us disclosing your personal and sensitive information to those overseas organisations for the purposes described above.

We are committed to the protection of your privacy and handle your personal information in accordance with the Australian Privacy Principles and the Privacy Act 1988 (Cth). A copy of our privacy policy is available on request or on our website www.networksteadfast.com.au

Partnering with you to protect what matters

Global Risks Pty Limited ABN 51 116 162 451 | CAR No. 461060 are Corporate Authorised Representatives of Network Insurance Group member Steadfast IRS Pty Limited ABN 95 159 898 398 | AFSL 435538

Network Insurance Group | 1300 655 037 | admin@networksteadfast.com.au | www.networksteadfast.com.au
02 9957 2544 | Suite 6.02, 135 King Street Sydney NSW 2000 | PO Box 3190 Tuggerah NSW 2259



Claim Number:

POLICY DETAILS

Insured Name

Address of Insured

State

Postcode

Contact Person

Name

Email

Phone

Mobile

Insurer

Policy Number

Expiry

/ / 20

For what purpose was the vehicle being used?

INSURED VEHICLE DETAILS

Year, Make & Model

Body Type

Registration Number

Vin Number

Engine Number

Name & Address of Finance Co. (if applicable)

Have there been any engine, body or transmission modifications from the manufacturer's original specifications, or any accessories added? (if yes, please provide details)

Yes No

DRIVER DETAILS

Driver Details:

Full Name

Date of Birth

/ /

Address

Occupation

Gender

Male Female

Licence Details:

Drivers Licence Number

State of Issue

Years held

Expiry Date

/ /

Was the vehicle being used with the full knowledge and consent of the policyholder?

Yes No



DRIVER DETAILS (Cont.)

What is the relationship of the Driver to the Policyholder?

Self Relative Employee Friend Other (please describe)

Have you (the Policyholder) or the driver of the vehicle at the time of the accident:

- i) been involved in any previous motor vehicle accident in the last 5 years? Yes No
- ii) been charged with any offence in relation to the use of a motor vehicle in the last 5 years? Yes No
- iii) had any insurance declined or cancelled, been refused renewal of an insurance or had special terms imposed in the last 5 years? Yes No

If "Yes", to (i), (ii) or (iii), please give details below:

Name	Date	Particulars (name of insurance company, details of charges etc)

Was the driver under the influence of any drug or alcohol at the time of the accident? Yes No

Please state what drugs or how much alcohol was consumed by the driver in the 12 hours prior to the accident:

Did the driver undergo a breath test? Yes No If yes, what was the reading?

ACCIDENT DETAILS

Date of accident / / 20 Approximate time of accident

Name of street where accident occurred

If at an intersection, names of intersecting streets

Suburb, Town, City

State clearly and fully how the accident occurred (if insufficient space, attach separate statement)

Was the street wet? Yes No

Did the other party admit liability? (if yes, please provide details) Yes No



ACCIDENT DETAILS (Cont.)

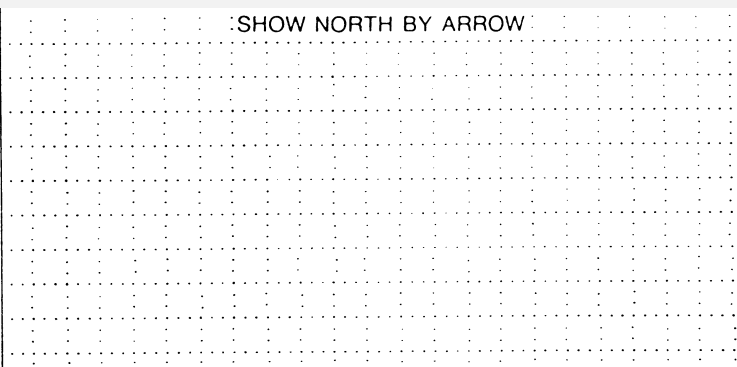
Please draw sketch showing position of all vehicles and pedestrians at the time of the accident:

Please draw Sketch showing position of all Vehicles and Pedestrians at the time of the accident. Show also position of all Traffic Lights, Signs, and Pedestrian Crossings.

:SHOW NORTH BY ARROW:

SYMBOLS

Street Intersection		Pedestrians	
Curved Street		Stop Sign	
Your Vehicle		Give Way Sign	
Other Vehicle		Traffic Lights	



Did the driver suffer any injury? Yes No

If yes, was medical attention required? Yes No

Name & Address of doctor or hospital

Please indicate Insured Vehicle's speed immediately prior to accident

- Stationary Under 30 km/h 30-60 km/h 60-80 km/h 80-100 km/h Over 100 km/h

Please indicate Other Vehicle's speed immediately prior to accident

- Stationary Under 30 km/h 30-60 km/h 60-80 km/h 80-100 km/h Over 100 km/h

Was the vehicle towed from scene of accident? (if yes, name of towing contractor) Yes No

Did you authorise the towing? Yes No

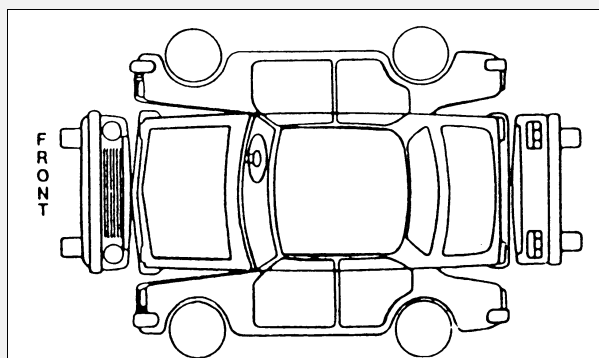
Where can the vehicle be inspected? (If at a repairer's premises - name & address of repairer)

Telephone Number: _____

Name of street where accident occurred

Estimated cost of repairs \$ _____

Please indicate areas of damage to insured vehicle





POLICE REPORT

Date of Reported to police / / 20 Approximate time of report

Did the police attend the incident? Yes No

Name of officer

From which station

Did the Police indicate which driver was at fault? Yes No

Name of driver charged or cautioned

Nature of charge or caution

OTHER PARTIES

Number of other vehicles involved

Owners Name & Address

Licence Number Age

Year, Make & Model of vehicle

Body Type Registration Number

Drivers Name & Address

Please give particulars of damage to other party's vehicle and/or property
 NB: (If more than one third party involved, please provide similar particulars on a separate sheet)

WITNESSES

Passengers in Insured Vehicle

Full Name	Address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Independent Witnesses

Full Name	Address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>



ALL CLAIMS

17. Are you a registered business? (if Yes, complete below)

Yes No

ABN

What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred?

 %

DECLARATION

/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.

I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify Global Risks Pty Ltd in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Full Name (BLOCK LETTERS)			
Signature:	X	Date:	/ /