



VR.MVCF\_09.2020\_1.0

## Commercial Motor Vehicle Claim Form

IMPORTANT INFORMATION - PLEASE READ BEFORE COMPLETING THIS FORM

### Completing your Claim Form

Please complete this claim form in full and return to your Insurance broker, Agent or return to GT Insurance at:

Email: [claims@gtins.com.au](mailto:claims@gtins.com.au)  
 Fax: (02) 9966 8840  
 Mail: PO Box 1937, North Sydney NSW 2059

You must report to us an accident or incident as soon as possible after its happening. It is important you provide us with the information we require to assist you with your claim. If you do not provide us with the required information your assessment may be delayed or we may be unable to manage your claim.

The information you provide will be treated in accordance with our Privacy Policy & Procedures, available at [www.gtins.com.au](http://www.gtins.com.au)

After 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. An experienced claims consultant will be appointed to manage your claim.

**Important Note:** No repairs should be undertaken without the approval of GT Insurance, other than:

\* Emergency repairs to the extent provided under "Additional Benefits applicable to Part A - Section 7. Emergency Temporary Repairs" of your policy

\* Windscreen damage only

Windscreen claims can be arranged directly through O'Brien Glass. O'Brien Glass will contact GT Insurance to confirm the coverage applicable to your vehicle. Please ensure you have your current policy number and vehicle details available when you contact O'Brien Glass. O'Brien Glass, Phone 1800 645 011, [www.obrienglass.com.au](http://www.obrienglass.com.au)

### Is someone making a claim against you?

Do not admit liability. You should request that any claim against you is put in writing and you should provide all correspondence received from the other party with this claim form. For further advice contact your broker or contact GT Insurance on: (02) 9966 8820. Where necessary, we will communicate with third parties and/or their insurer on your behalf to establish the circumstances of the incident.

### Your Excess

You will be advised of any excess(es) applicable to your claim. On completion of repairs you may be required to pay the repairer the amount of your excess together with any repair contributions. In some instances you may be required to pay your excess to GT Insurance. If it is determined by GT Insurance that the accident was not your fault we will endeavour to recover any excess you have paid from the other party.

### The Insurer

Allianz Australia Insurance Limited; ABN 15 000 122 850; AFSL No. 234708 of 2 Market Street, Sydney NSW 2000.

### The Underwriting Agency

Global Transport & Automotive Insurance Solutions Pty Ltd trading as GT Insurance; ABN 93 069 048 255; AFSL No. 240714 of Level 3, 213 Miller Street, North Sydney NSW 2060 is an underwriting agency which specialises in arranging insurance in respect of motor vehicles. GT Insurance acts as an agent of the Insurer to market, solicit, offer, arrange and administer the insurance and has a binding authority to deal with or settle claims on their behalf.

### Privacy Notice

We give priority to protecting the privacy of Your personal information. We do this by handling personal information in a responsible manner and in accordance with the Privacy Act 1988 (Cth). In this Privacy Notice, 'We', 'Our', 'Us' means Global Transport & Automotive Insurance Solutions Pty Ltd and Allianz Australia Insurance Limited.

### How We collect Your personal information

We usually collect Your personal information from You or Your agents. We may also collect it from Our agents and service providers; other insurers and insurance reference bureaus; people who are involved in a claim or assist Us in investigating or processing claims, including third parties claiming under Your Policy, witnesses and medical practitioners; third parties who may be arranging insurance cover for a group that You are a part of; law enforcement, dispute resolution, statutory and regulatory bodies; marketing lists and industry databases; and publicly available sources.

### Why We collect Your personal information

We collect Your personal information to enable Us to provide Our products and services, including to process and settle claims; offer Our products and services and those of Our related companies, brokers, intermediaries and business partners that may interest You; and conduct market or customer research to determine those products or services that may suit You.

### Who We disclose Your personal information to

We may disclose Your personal information to others with whom We have business arrangements for the purposes listed in the paragraph above or to enable them to offer their products and services to You. These parties may include insurers, intermediaries, reinsurers, insurance reference bureaus, related companies, Our advisers, persons involved in claims, external claims data collectors and verifiers, parties that We have an insurance scheme in place with under which You purchased Your Policy (such as a financier or motor vehicle manufacturer and/or dealer). Disclosure may also be made to Government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

### Disclosure overseas

Your personal information may be disclosed to other companies in the Allianz Group, business partners, reinsurers and service providers that may be located in Australia or overseas. The countries to which this information may be disclosed will vary from time to time, but may include Canada, Germany, New Zealand, United Kingdom, United States of America and other countries in which the Allianz Group has a presence or engages subcontractors. We regularly review the security of Our systems used for sending personal information overseas. Any information disclosed may only be used for the purposes of collection detailed above and system administration.

### Access Your personal information and complaints

You may ask for access to the personal information We hold about You and seek correction by calling (02) 9966 8820 EST 8:45am-5pm, Monday to Friday, or by writing to Us at GT Insurance, PO Box 1937, North Sydney NSW 2059. Our Privacy Policy contains details about how You may make a complaint about a breach of the privacy principles contained in the Privacy Act 1988 (Cth) and how We deal with complaints. Our Privacy Policy is available at [www.gtins.com.au](http://www.gtins.com.au) and [www.allianz.com.au](http://www.allianz.com.au)

### Complaints - Internal and external complaints procedure

If You are dissatisfied with Our service in any way contact Us and We will attempt to resolve the matter in accordance with Our complaints handling procedures. To obtain a copy of Our procedures contact Us on (02) 9966 8820 or visit [www.gtins.com.au](http://www.gtins.com.au). If We don't resolve the matter to Your satisfaction You may be able to refer it to the Australian Financial Complaints Authority (AFCA) subject to its terms of reference. It provides a free and independent dispute resolution service for consumers who have general insurance disputes falling within its terms of reference and its contact details are:

The Australian Financial Complaints Authority  
 Phone: 1800 931 678  
 Post: GPO Box 3, Melbourne, Victoria 3001  
 Website: [www.afca.org.au](http://www.afca.org.au) Email: [info@afca.org.au](mailto:info@afca.org.au)

\* Denotes mandatory fields for completion

## Section 1: Policyholder Details

Policy number	GT Insurance issue commercial motor policies that typically begin with CPG or CMB. For example: CPG12345678, CMB 12345678										
Insured name/s	Name of Policyholder/s										
Insured's ABN	Australian Business Number (11 digits)										
Contact name/s											
Contact number	E-mail										
Address											
Suburb									Post Code		
State or Territory	NSW	ACT	QLD	VIC	SA	WA	TAS	NT			
Your Claim Reference	For your records, you may provide us with your own reference for this claim e.g. No. or Division.										
(ITC) entitlement%	If you are registered for GST and are eligible to claim an ITC for the item/s that you are making a claim on, please insert the percentage of entitlement.										
Your Broker or Agent											
Broker or Agent Claim Reference No.	Insert if known										
Has the Insured in the past 5 years been:											
(a) refused insurance or had an insurance policy cancelled?			(b) convicted of any criminal offence?								
Yes	No				Yes	No					

## Section 2: Insured Vehicle Details

Please select the vehicle type your claim relates to:

<u>Passenger Vehicle</u>	<u>Plant &amp; Equipment</u>	<u>Goods Carrying Vehicle</u>	<u>Other</u>
Sedan or Station Wagon	Earthmoving Plant	< 4.5 Tonnes GVM	Other
Four Wheel Drive	Quarry/Mining Plant	4.5 - 8 Tonnes GVM	
Van or Utility up to 4.5 tonnes	Agricultural/Light Plant	Over 8 Tonnes GVM	
Bus or Coach	Logging/Forestry	Prime Mover only	
	Bobcat/Skidsteer Loaders	Prime Mover & Trailer	
	Concrete Pumping Trucks & Drilling Rigs	Trailer only	

Please provide the following details in relation to the damaged vehicle:

Year	Make	Model
Vehicle ID		
Vehicle identification can include the following identifiers: VIN, Chassis No., Serial No. or Engine No.		
Registration Number	Registration Expiry Date	
Insert Vehicle Registration No. or write unregistered	dd/mm/yyyy	
Date vehicle was purchased	Purchase price \$	
dd/mm/yyyy		
Is the vehicle financed?		
Yes	No      Unknown	

If 'Yes', please provide name of Financier:

Is the Insured the owner of the vehicle?

Yes No

If 'No', please provide owners name:

Was the vehicle being driven / operated with the Insured's consent?

Yes No

If 'No', please provide details:

Does this claim involve any additional trailer (s) not already disclosed within Section 2 above?

Yes No

If 'Yes', please also complete ADDENDUM - SECTION A

Section 3: Driver Details

Drivers full name

Drivers address

Suburb	State or Territory	Post Code
	NSW ACT QLD VIC	
	SA WA TAS NT	

Drivers contact number	Drivers Date of Birth (dd/mm/yyyy)	Drivers Licence Number	Licence expiry date (dd/mm/yyyy)
------------------------	------------------------------------	------------------------	----------------------------------

Class of Licence held	Relationship of the driver to the Insured:
C - Car	Insured - Owner/Driver
LR - Light Rigid	Employee
HR - Heavy Rigid	Contract/Casual Driver
MC - Multi Combo	Relative
Other	Other

How long has the driver been licensed to drive this vehicle in Australia?	Years	Months
---	-------	--------

Has the driver:

(a) had their driving licence endorsed, suspended or cancelled within the last 5 years?	Yes	No
(b) been involved in any accidents within the last 5 years?	Yes	No
(c) suffered from any physical or mental condition which could affect their driving performance?	Yes	No
(d) been fined or convicted of more than 3 speeding or other traffic offences (other than parking) within the last 3 years?	Yes	No
(e) been convicted with Prescribed Concentration of Alcohol (PCA) or Driving Under the Influence (DUI) in the last 2 years?	Yes	No

If 'Yes' to any of (a) to (e) above, please provide details:

Did the driver:

(a) consume any intoxicating liquor or drugs (including prescription drugs) in the 12 hours preceding the accident?	Yes	No
---	-----	----

(b) undergo a breathalyser test following the accident?	Yes	No
(c) undergo a blood test following the accident?	Yes	No
(d) undergo a drug test following the accident?	Yes	No
(e) undergo a urine test following the accident?	Yes	No

If 'Yes' to any of (a) to (e) above, please provide details/specify results:

#### Section 4: Incident Details

Please provide details of the incident surrounding this claim:

Date the incident occurred	Time the incident occurred	Is there any CCTV/Dashcam footage of this incident?
<i>(dd/mm/yyyy)</i>	Between (am/pm) And (am/pm)	Yes No

Location where the incident occurred:

Street Address

Suburb	State or Territory	Post Code
	NSW ACT QLD VIC	
	SA WA TAS NT	

Select the relevant conditions:

##### Weather conditions

Dry  
Wet  
Raining  
Hailing  
Flood

##### Road conditions

Tarmac / bitumen  
Gravel / dirt  
Sand / beach

##### Situation

Straight Road  
Highway  
T - intersection  
Driveway  
Tunnel  
Car Park  
Bend  
Intersection  
Round About  
Bridge  
Private Property  
Other (specify in description below)

Estimated speed of your vehicle (km/h)	Estimated speed of other vehicle (km/h) if involved
--	---

Type of load being carried	Weight (kg) of load being carried
----------------------------	-----------------------------------

Describe how the incident occurred

Name of the person last in charge of the vehicle

Contact phone number

Please provide a diagram of the incident:

A

Indicate your own vehicle as A

B

Indicate any other vehicles as B

(include street names, traffic lights, give way signs etc.)

Who do you consider is at fault and why?

Did this incident result in damage to another person(s) vehicle(s) or property?

Yes

No

If "Yes", please also complete ADDENDUM - SECTION B

Section 5: Damage to Insured Vehicle

Describe the damage to the vehicle

Was the vehicle towed from the scene?

Yes

No

If "Yes", please provide details of tow company:

Has a repair quote been obtained?

Yes

No

If "Yes", please attach to this form

Amount \$

Is the vehicle drivable?

Yes

No

Address where the vehicle can be assessed:

Suburb

State or Territory

Post Code

NSW

ACT

QLD

VIC

SA

WA

TAS

NT

Do you have a preferred repairer?

Yes

No

If "Yes", please provide contact details of repairer:

If the vehicle was stolen, has it been recovered in a damaged condition?

Yes

No

n/a

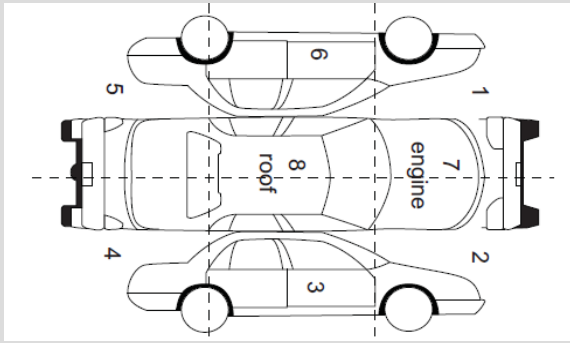
Would you like to provide photos of the damage to your vehicle?

Yes

No

If 'Yes', please attach when returning this form

Show the damage to your vehicle on the following diagram:



## Section 6: Police & Witness details

Was the incident reported to the police?

Yes No

If 'Yes', please confirm the date

(dd/mm/yyyy)

Did the police attend the accident scene?

Yes No

If 'Yes', please provide the following:

Police event / report No.

Officer's name / number

Police Station

Police action taken or pending?

Yes No Unknown

If 'Yes', please provide details

Were there any witnesses to the accident?

Yes No

If 'Yes', please provide the following details:

Witness name

Witness Contact Number

Witness Address

Suburb

State or Territory

Post Code

NSW	ACT	QLD	VIC	SA
WA	TAS	NT		

## Section 7: Addendum / Additional Attachments

Please indicate if this form will include any of the following upon submission:

Driver's Licence - Photocopies of BOTH sides (supply is mandatory)

Copy of Registration

Other Party demands (if applicable)

Police Report (if applicable)

Excess Payment

Full details of other parties involved

Addendum A for Additional Trailers (if You indicated in Section 2 that this claim involves additional trailers)

Addendum B for Damage to Other person(s) vehicle or property (if You indicated in Section 4 that the incident involved damage to another parties vehicle or property)

Separate sheet detailing answers which you could not fit adequately on the form

Supporting documentation (e.g. repair quotes, photos)

Section 8:

Declaration

Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed;

I/we have either completed this form personally or, if it has been on my/our behalf, have checked that the questions have been fully and accurately answered;

I/We acknowledge that I/We have read and understand the Privacy Notice contained on page 1 of 7 and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information then GT Insurance will be unable to process my/our claim.

I/We agree

Yes

Completed by name

Date of declaration

(dd/mm/yyyy)

ADDENDUM - SECTION A: Additional Trailers

No. of additional trailers involved in the incident

*Please provide details for each additional trailer. If more space is required please provide details in a separate attachment.*

Trailer 1 details

Year

Make

Model

Trailer type (e.g. logging, refrigerated)

Type of load being carried

Weight (kg) of load being carried

Trailer Registration Number

Trailer Serial Number

Is the Insured the owner of the vehicle?

Yes

No

If 'No', please provide owners name

Is the vehicle financed?

Yes

No

Unknown

If 'Yes', please provide name of Financier

Purchase Price \$

Trailer 2 details

Year

Make

Model

Trailer type (e.g. logging, refrigerated)

Type of load being carried

Weight (kg) of load being carried

Trailer Registration Number

Trailer Serial Number

Is the Insured the owner of the vehicle?

Yes

No

If 'No', please provide owners name

Is the vehicle financed?

Yes

No

Unknown

If 'Yes', please provide name of Financier

Purchase Price \$

Describe the damage to the trailer

Describe the damage to the trailer



ADDENDUM - SECTION B: Damage to Other parties Vehicle(s) or property

*This section is to be completed if you indicated in Section 4: Incident details, that the incident involved damage to another parties vehicle(s) or property*

No. of Other parties vehicle(s) / property damaged in the incident

*Please provide details for each additional vehicle/property damaged. If more space is required please provide details in a separate attachment.*

<u>Other party damage 1</u>										<u>Other party damage 2</u>																						
Describe the damage to the Other Vehicle or Property																																
If the damage caused by the incident involved another Vehicle, please provide the following:																																
Year					Make / Model					Year					Make / Model																	
Registration Number										<i>Insert Vehicle Registration No. or write unregistered</i>																						
Insurer Name																																
Owners name																																
Owners contact number										Owners Licence Number																						
Owners Street address																																
Suburb										Post Code																						
State or Territory																																
NSW					ACT		QLD		VIC		SA		NSW					ACT		QLD		VIC		SA								
WA					TAS		NT		WA										TAS		NT											
Drivers name of the other Vehicle (if different to the Owner)																																
Drivers contact number										Drivers Licence Number																						
Drivers Street address																																
Suburb										Post Code																						
State or Territory																																
NSW					ACT		QLD		VIC		SA		WA		NSW					ACT		QLD		VIC		SA						
TAS					NT		TAS										NT															