



Taxi/ Limousine/ Ride Share Claim Form

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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
 Fax: (02) 9966 8840
 Mail: PO Box 507, St Leonards NSW 1590

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

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

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 6, 55 Chandos Street, St Leonards NSW 1590 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 507, St Leonards NSW 2065. 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 and 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. If We don't resolve the matter to Your satisfaction You may be able to refer it to the Financial Ombudsman Service Australia (FOS) 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 Financial Ombudsman Service Australia
 Phone: 1800 367 287
 Post: GPO Box 3, Melbourne, Victoria 3001
 Website: www.fos.org.au

Checklist



Before returning this Claim Form, have you supplied?

- ☐ Driver's Licence - Photocopies of BOTH sides (supply is mandatory)
- ☐ Taxi Authority/Public Vehicle Accreditation number - Photocopies of BOTH sides (supply is mandatory)
- ☐ Copy of Registration
- ☐ Other Party demands (if applicable)
- ☐ Police Report (if applicable)
- ☐ Excess Payment
- ☐ Repair Quote
- ☐ Claiming for Loss of Shifts (see Section 4)
- ☐ Full details of other parties involved

* Denotes mandatory fields for completion

Section 1: Policyholder Details

Policy number	<input type="text"/>	<i>GT Insurance issue taxi motor policies that typically begin with the pre-fix TXP. For example: TXP12345678</i>	
Insured name/s	<input type="text"/>		<i>Name of Policyholder/s</i>
Insured's ABN	<input type="text"/>	<i>Australian Business Number (11 digits)</i>	Taxi Network <input type="text"/>
Contact name/s	<input type="text"/>		
Contact number	<input type="text"/>	E-mail	<input type="text"/>
Address	<input type="text"/>		
Suburb	<input type="text"/>	Post Code	<input type="text"/>
State or Territory	<input type="checkbox"/> NSW <input type="checkbox"/> ACT <input type="checkbox"/> QLD <input type="checkbox"/> VIC <input type="checkbox"/> SA <input type="checkbox"/> WA <input type="checkbox"/> TAS <input type="checkbox"/> NT		
Your Claim Reference	<input type="text"/>	<i>For your records, you may provide us with your own reference for this claim e.g. No. or Division.</i>	
(ITC) entitlement%	<input type="text"/>	<i>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.</i>	
Your Broker or Agent	<input type="text"/>		
Broker or Agent Claim Reference No.	<input type="text"/>	<i>Insert if known</i>	

Has the Insured in the past 5 years been:

(a) refused insurance or had an insurance policy cancelled?	(b) convicted of any criminal offence?
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Section 2: Vehicle Details

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

Vehicle ID	<input type="text"/>			<i>Vehicle identification can include the following identifiers: VIN, Chassis No., Serial No. or Engine No.</i>
Vehicle Type	<div><div><input type="radio"/> Standard Taxi <input type="radio"/> Premium / Prestige Taxi <input type="radio"/> Night Plate <input type="radio"/> Chauffeur driven Limousine</div><div><input type="radio"/> Standard Maxi Taxi <input type="radio"/> Premium / Prestige Maxi Taxi <input type="radio"/> Standby Taxi <input type="radio"/> Ride Share Vehicle</div><div><input type="radio"/> Standard Wheelchair Taxi (WAT) <input type="radio"/> Premium Prestige Wheelchair Taxi (WAT) <input type="radio"/> Chauffeur driven Hire Car</div></div>			
Body Type	Year	Make/Model		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Registration Number	Registration Expiry Date	Date vehicle was purchased	Purchase price \$	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Insert Vehicle Registration No. or write unregistered

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:

Section 3: Driver Details

Drivers full name

Drivers address

Suburb

State or Territory

☐ NSW ☐ ACT ☐ QLD ☐ VIC
☐ SA ☐ WA ☐ TAS ☐ NT

Post Code

Drivers contact number

Drivers Date of Birth

(dd/mm/yyyy)

Drivers Licence Number

Licence expiry date

(dd/mm/yyyy)

Date Taxi/ Public Vehicle licence first issued?

(dd/mm/yyyy)

Taxi Authority / Public Vehicle Accreditation Number

Authority/Accreditation expiry date

(dd/mm/yyyy)

**** IMPORTANT** Photocopies of BOTH sides of Drivers Licence and Accreditation MUST be attached**

Relationship of the driver to the Insured

☐ Insured - Owner/Driver ☐ Employee ☐ Contract/Casual Driver ☐ Relative
☐ Other

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) directly 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: Demurrage - Loss of Income (Shift) Claims

Does your claim include Loss of Shifts?

☐ Yes ☐ No

If 'Yes', please read Section 4 below. If No, please proceed to Section 5.

Please be advised should you wish to lodge a claim for Loss of Shifts, we require prompt supply of "Proof of Lost Shifts". We will not delay our recovery process if the information is not supplied. We may not be able to recover in part at a later stage. For Shift losses, GT Insurance requires copies of daily work sheets and Network (login sheet) for the 14 days prior to the accident. Loss of Shift can not be claimed if a standby Taxi was supplied.

Section 5: Claim Type

Please select the best description of the type of claim you wish to make:

- ☐ A vehicle accident involving another vehicle(s) or other parties property
- ☐ Vehicle damage not involving any other vehicle(s) or property
- ☐ Vehicle fire - other than a bush fire or as a result of an accident
- ☐ Hail, Flood, Storm, Bush Fire or Cyclone damage to a vehicle whilst not being driven
- ☐ Windscreen or fixed glass breakage
- ☐ Theft of Vehicle
- ☐ Malicious Damage

Section 6: 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?

(dd/mm/yyyy)

Between (am/pm)

And (am/pm)

☐ Yes ☐ No

Location where the incident occurred

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

Name of the person last in charge of the vehicle

Contact phone number

Describe how the incident occurred

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?

Section 7: 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

NSW

SA

ACT

WA

QLD

TAS

VIC

NT

Post Code

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

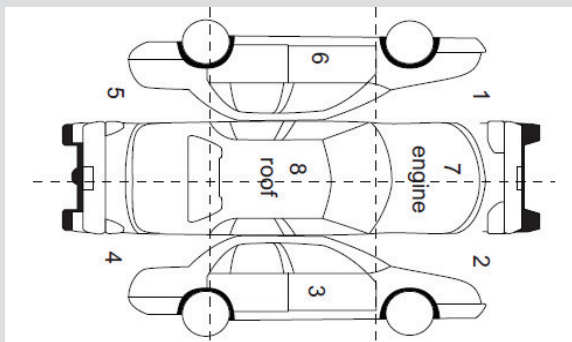
Would you like to provide photos of the damage to your vehicle?

Yes

No

If 'Yes', please attach when returning this form

Show the damage to your vehicle on the following diagram:



Section 8: Other persons involved in this incident

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

☐ Yes ☐ No

If 'Yes', please complete Section 8 below. If 'No', please proceed to Section 9.

Describe the damage to the Other Vehicle or Property

If the incident involved a Vehicle, please provide the following (if more than one vehicle, please provide details on a separate page):

Make

Registration Number

*Insert Vehicle
Registration No. or
write unregistered*

Model

Insurer Name

Body Type

Owners name

Owners Licence Number

Owners address

Suburb

State or Territory

☐ NSW ☐ ACT ☐ QLD ☐ VIC
☐ SA ☐ WA ☐ TAS ☐ NT

Post Code

Owners contact number

Drivers name of the other Vehicle (if different to the Owner)

Drivers Licence Number (if different to the Owner)

Drivers address (if different to the Owner)

Suburb

State or Territory

☐ NSW ☐ ACT ☐ QLD ☐ VIC
☐ SA ☐ WA ☐ TAS ☐ NT

Post Code

Drivers contact number

Section 9: 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

☐ NSW ☐ ACT ☐ QLD ☐ VIC ☐ SA
☐ WA ☐ TAS ☐ NT

Post Code

Section 10: 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)