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• Knowledge
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Commercial Motor Vehicle Claim Form

IMPORTANT INFORMATION — PLEASE READ BEFORE COMPLETING THIS FORM

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.

Assessment & Repair of damaged vehicle(s)

After your claim has been reported to us we will arrange assessment of your damaged vehicle(s). An experienced claims consultant will be appointed to manage your claim.

Important Note: No repairs should be undertaken without the approval of GT Insurance (with the exception of 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, 1800 645 011, www.obrienglass.com.au

Privacy Notice

The personal and sensitive information collected in this form, and other information you or third parties provide in connection with this insurance, will be used to provide and offer our products and services, including the processing and settlement of claims, compiling and analysing data, and resolving disputes. If you do not provide this information to us we may not be able to provide these products and services.

We may have to disclose your personal and other information to third parties who assist us in providing our products and services, including other insurers, intermediaries, health service providers, investigators, assessors and loss adjusters, external insurance data collectors, our advisors and service providers, related companies, dispute resolution, statutory or regulatory bodies, or as required by law.

You have the right to seek access to your personal information and to correct it at any time. For information about how you may access and request correction of personal information we hold about you, or complain about a breach of the Australian Privacy Principles, please see our privacy policy available at www.gtins.com.au or contact us on (02) 9966 8820 EST 9am-5pm, Monday-Friday.

General Insurance Code of Practice

The Insurance Council of Australia has produced the General Insurance Code of Practice with the purpose of raising the standards of practice and service in the general insurance industry. We support the standards set out in the Code. A copy of this Code is available on our website at www.gtins.com.au or from the Insurance Council of Australia's website at www.ica.com.au

Subrogation

You may prejudice your rights in relation to a claim made under this policy if without prior agreement from us, you make an agreement with a third party that will prevent us from recovering a loss from that or another party.

Duty of Utmost Good Faith

Every insurance contract is subject to the duty of utmost good faith which requires both the Insured and the Insurer to act towards each other in utmost good faith. Failure to do so on the part of the Insured may prejudice any claim made under the policy or the continuation of insurance cover by the Insurer.

The Insurer

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

The Underwriting Agency

Global Transport & Automotive Insurance Solutions Pty Ltd (GT Insurance); ABN 93 069 048 255; AFSL No. 240714, of Level 6, 55 Chandos Street, St Leonards, 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.

Completing this Form/Questionnaire:



1. Please complete all sections in full and provide any requested attachments.
2. If more space is required when completing this form, please attach a separate sheet.
3. The use of the term "You" or "Your" in this form refers to an Insured and their subsidiary companies and other entities in which they have a controlling interest.
4. The use of the term "We", "Us" or "Our" in this form refers to the Insurer and its Underwriting Agency.
5. 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.
6. The information you provide will be treated in accordance with our Privacy Policy & Procedures, available at www.gtins.com.au
7. Please return the fully completed form to your Insurance broker, Agent or return to GT Insurance.
8. This form may be completed electronically or it can be printed and completed in hand writing.
Important: If hand written, please use CAPITAL LETTERS etc etc.

Email: claims@gtins.com.au

Fax: (02) 9966 8840

Mail: PO Box 507 St Leonards, NSW 1590



Section 1: Policyholder Details

Policy number: *GT Insurance issue commercial motor policies that typically begin with CPG or CMB. For example: CPG12345678, CMB12345678*

Insured name/s

Insured's ABN *Australian Business Number (11 digits)*

Contact name/s

E-mail

Contact number Unit Street number

Street name Post Code

Suburb State

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:

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

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

Year Make Model

Registration Number ☐ Unregistered ☐ Vehicle ID

Insert Vehicle Registration No. or tick unregistered *Vehicle identification can include the following identifiers: VIN, Chassis No., Serial No. or Engine No.*

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

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:

Is the vehicle financed? ☐ Yes ☐ No ☐ Unknown

If "Yes", please provide name of Financier:

Purchase price \$

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** (page 6)



Section 3: Driver Details

First name

Surname Drivers Date of Birth
(dd/mm/yyyy)

Contact number Unit Street number

Street name Post Code

Suburb State

Relationship of the driver to the Insured ☐ Insured — Owner/Drive
☐ Employee
☐ Contract/Casual Driver
☐ Relative
☐ Other

Drivers Licence Number Licence expiry date 20
(dd/mm/yyyy)

Class of Licence ☐ C — Car ☐ HR — Heavy Rigid
☐ R — Rider ☐ HC — Heavy Combo
☐ LR — Light Rigid ☐ MC — Multi Combo
☐ MR — Medium Rigid ☐ Other

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

Has the driver's licence ever been cancelled or suspended? ☐ Yes ☐ No

If "Yes", please provide details:

Did the driver of the vehicle undergo any Breathalyser, Blood, Urine or Drug Test?

Breathalyser Test	<input type="radio"/> Yes <input type="radio"/> No	If "Yes", specify results	<input type="text"/>
Blood Test	<input type="radio"/> Yes <input type="radio"/> No	If "Yes", specify results	<input type="text"/>
Urine Test	<input type="radio"/> Yes <input type="radio"/> No	If "Yes", specify results	<input type="text"/>
Drug Test	<input type="radio"/> Yes <input type="radio"/> No	If "Yes", specify results	<input type="text"/>

Section 4: Claim Type

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

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



Please provide details of the incident surrounding this claim:

Time the incident occurred Between AM ☐ PM ☐ And AM ☐ PM ☐

Location where the incident occurred Unit Street number

Street name Post Code

Suburb State

Select the relevant conditions

Weather conditions

☐ Dry

☐ Wet

☐ Raining

☐ Hailing

☐ Flood

Road conditions

☐ Tarmac / bitumen

☐ Gravel / dirt

☐ Sand / beach


Situation

☐ Straight Road

 Bend

 Highway

 Intersection

 T — intersection

 Round About

☐ Drive way

☐ Bridge

☐ Tunnel

☐ Private Property

 Car Park

☐ Other

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

Type of load being carried Weight (kg)

Describe how the incident occurred

Name of the person last in charge of the vehicle

First name

Surname Contact number

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

☐ Yes ☐ No

If "Yes", please also complete **ADDENDUM — SECTION B** (page 7)

Describe the damage to the vehicle



0 6 1 4 1 5 6 2 5 8 2 6 4

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:

Unit

Street number

Street name

Post Code

Suburb

State

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 damage 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

Section 7: Police & Witness details

Was the incident reported to the police?

☐ Yes ☐ No

If "Yes", please confirm the date

.../.../20...
(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:

Witness name and address

First name

Surname

Contact number Unit Street number

Street name Post Code

Suburb State

Section 8: Addendum / Additional Attachments

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

- ☐ Addendum A for Additional Trailers (You indicated in Section 2 that this claim involves additional trailers)
- ☐ Addendum for Third Party Damage (You indicated in Section 5 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)



ADDENDUM — SECTION A:

Additional Trailers

This section is to be completed if you indicated in Section 2: Vehicle Details, that this claim involves additional trailers

No. of additional trailers involved in the incident: 00

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

Trailer 1

Trailer details

Year Make

Model

Trailer type (e.g. logging, refrigerated)

Type of load being carried

Weight (kg) of load being carried

Trailer Registration Number
00000000

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

Trailer details

Year Make

Model

Trailer type (e.g. logging, refrigerated)

Type of load being carried

Weight (kg) of load being carried

Trailer Registration Number
0000000000

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 \$.



0 6 1 4 1 5 6 2 5 8 2 8 2

ADDENDUM — SECTION B:

Damage to Other parties vehicle(s) or property

This section is to be completed if you indicated in Section 5: Incident details, that the incident involved damage to another parties vehicle(s) or property

No. of Other parties vehicles(s) or properties damaged in the incident

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

Other party vehicle / property 1

Details of Other Vehicle

Year Rego

Make

Model

Describe the damage to the Other Vehicle or Property

Owners information

First name

Surname

Contact number

Unit Street number

Street name

Suburb

Post Code State

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

First name

Surname

Contact number

Unit Street number

Street name

Suburb

Post Code State

Drivers Licence Number

Licence expiry date 20
(dd/mm/yyyy)

Other party vehicle / property 2

Details of Other Vehicle

Year Rego

Make

Model

Describe the damage to the Other Vehicle or Property

Owners information

First name

Surname

Contact number

Unit Street number

Street name

Suburb

Post Code State

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

First name

Surname

Contact number

Unit Street number

Street name

Suburb

Post Code State

Drivers Licence Number

Licence expiry date 20
(dd/mm/yyyy)



Section 9: Declaration

Declaration

Completion of this declaration certifies that:

The information that You have given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld.

You understand that this claim may be refused if information is untrue, inaccurate or concealed.

You have read and understand the Privacy Act 1998 information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval.

If You do not agree to the collection of this personal and sensitive information, GT Insurance will be unable to process Your claim.

You have either completed this form personally or, if it has been on Your behalf, You have checked that the questions have been fully and accurately answered.

Do You agree? ☐ Yes

Completed by:

First name

Surname

Date of declaration
(dd/mm/yyyy)

Global Transport & Automotive Insurance Solutions Pty Ltd

ABN 93 069 048 255; AFSL No. 240714

Head Office: Level 6, 55 Chandos Street, St Leonards NSW 1590 Australia
PO Box 507 St Leonards, NSW 1590 Australia

Sydney	Newcastle	Albury	Melbourne	Brisbane	Townsville	Darwin	Perth	Adelaide	Auckland	Christchurch
02 9966 8820	02 4920 8698	02 6023 5308	03 8623 2666	07 3210 0666	07 4779 5178	08 8981 7510	08 9324 1963	08 8232 7645	09 377 4143	03 421 8930

