

motor vehicle claim form



If your vehicle requires towing, please call:

Lumley Accident Assist
1800 652 256

24 HOURS - 7 DAYS A WEEK

When you call, we will:

- arrange for the damaged vehicle to be towed to a Lumley Network Repairer
- arrange for the driver to be returned to their office or residence
- arrange to have the vehicle quoted, assessed and repaired
- arrange to have the repaired vehicle returned to the driver
- provide a guarantee for all repairs completed at a Lumley Network Repairer.

If the vehicle is drivable:

Obtain a quotation from a Lumley Network Repairer and book your vehicle in to be repaired at a time convenient to yourself and the repairer. Ask the repairer to contact Lumley and arrange an assessment for the day on which the vehicle is booked in. Where possible, leave a copy of the Claim Form with the repairer prior to it being assessed. If you don't know where the nearest Lumley Network Repairer is located, just ring Lumley or go to our website www.lumley.com.au for a complete listing.

If there is no damage to your vehicle:

Complete your claim form, and post or fax it (with any correspondence received from the other party) to your nearest Lumley office, listed at the bottom of this page.

Privacy

We respect your privacy and we comply with the Privacy Act 2000 and the National Privacy Principles. A copy of our Privacy Statement is available at any of our offices.

Complaints procedure

If you do not agree with any decision we make in relation to the Policy, please write to us stating what you disagree with and why.

We will then resolve or attempt to resolve your complaint immediately, or we will refer the matter to our Internal Dispute Resolution Committee (IDRC).

If you are not satisfied with a Claim decision by the IDRC, the matter may be referred to an *independent* dispute resolution body, *Insurance Enquiries and Complaints Limited (IEC)*, provided the matter falls within their jurisdiction.

The *Insurance Contracts Act 1984* (as amended) requires you to provide all information which Lumley may reasonably require, and stipulates that any omission may adversely affect the cover under your Policy.

If you would like more information on your Duty of Disclosure (or any other aspect), please contact your broker or nearest Lumley office.

Lumley General Insurance Limited

NSW	Lumley House, Level 9, 309 Kent Street, Sydney 2000 Suite 19, 50 Glebe Road, The Junction 2291	Phone (02) 9248 1111 Phone (02) 4925 7500	Fax (02) 9248 1122 Fax (02) 4940 0295
VIC	Level 3, 99 King Street, Melbourne 3000	Phone (03) 8627 4333	Fax (03) 8627 4312
ACT	Level 7, Garema Court, 148-180 City Walk, Canberra City 2601	Phone (02) 6279 0333	Fax (02) 6279 0330
TAS	27 Paterson Street, Launceston 7250	Phone (03) 6345 4700	Fax (03) 6345 4711
SA	465 Pulteney Street, Adelaide 5000	Phone (08) 8228 1700	Fax (08) 8228 1777
WA	50 St George's Terrace, Perth 6000	Phone (08) 9220 8222	Fax (08) 9220 8251
QLD	307 Queen Street, Brisbane 4000	Phone (07) 3231 4800	Fax (07) 3231 4899
	Level 5, Northtown Tower, Flinders Mall, Townsville 4810	Phone (07) 4722 6000	Fax (07) 4724 4398
NT	84 Woods Street, Darwin 0800	Phone (08) 8941 7998	Fax (08) 8941 7950

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Click on the fields to complete online, then print and complete diagram in Section 8 in black or blue pen and sign
OR
Print and complete all sections in black or blue pen.

SECTION 1: THE INSURED / CLIENT

Insured/Company
Division
Address
Policy number
Phone number
Email
Cost centre
Postcode

Goods and Services Tax:

(a) Australian Business Number (ABN), if applicable
(b) entitlement to an Input Tax Credit in respect of:
(i) Insurance premium %; and (ii) vehicle which is the subject of this claim %

SECTION 2: THE INSURED / CLIENT VEHICLE

Year Make Model
Colour Registration number
Finance company (if applicable)
Use of the vehicle at the time of the loss/damage Private Executive Sales Service Deliveries

Vehicle Use Descriptions

Private: not used for business
Executive: vehicle provided as part of a salary package
Sales: sales representatives
Service: product maintenance, after sales service etc.
Deliveries: delivery of products, food, parts, etc.

SECTION 3: TYPE OF CLAIM

Collision (go to Section 4) Theft (go to Section 6) Hail / Flood / Fire / Windscreen (go to Section 8)

SECTION 4: THE DRIVER

Principal/Business Proprietor/Insured Employee Family member Insured Other
Name
Address Postcode
Phone number Mobile
Date of birth Drivers licence number
Class Expiry Date
Driving experience (years)

Has the driver attended a company-sponsored driver-training course within the last two years? Yes No

Did the driver consume any alcohol or take any drugs within the 12 hours prior to the collision? Yes No

If **Yes**, please state how much and when

Was the driver sober at the time of the collision? Yes No

Did the driver undergo a breath or blood test? Yes No

If **Yes**, please state the result

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SECTION 5: THE OTHER VEHICLE

Driver's name
Driver's address
Driver's phone number
Date of birth
Registered owner
Owner's address
Owner's phone number
Year Make
Colour
Insurance company
Area of damage to the other vehicle
Estimated cost of damage

Postcode
Postcode
Driver's licence number
Model
Registration number

SECTION 6. WITNESS TO THE COLLISION / THEFT

Name
Address
Phone number

Postcode
Age

SECTION 7. POLICE INVOLVEMENT

Did the Police attend the collision / theft scene? Yes No
If **No**, was the incident reported to Police? Yes No
If **Yes**, which Police Station?
Who do the Police consider was at fault?

SECTION 8. DETAILS OF THE LOSS / DAMAGE

Date Time am pm
Where did the loss / damage occur?

Who do you consider responsible for the loss / damage, and why?

Describe the weather at the time of the loss / damage.

What speed were the vehicles travelling at the time of the loss / damage occurring?
Your vehicle Other vehicle

Section 8 continues overleaf

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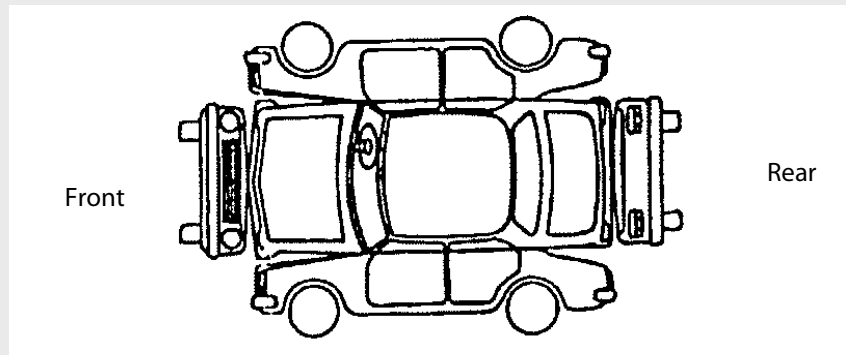


SECTION 8 (Continued)

Describe how the loss / damage occurred.

Was there any damage to your vehicle prior to this loss/damage occurring? Yes No
If **Yes**, please provide details.

Please indicate on the diagram below, the area of damage to your vehicle.



If your vehicle was damaged in a collision, please draw a diagram of the incident.

LEGEND

- Stop Sign
- × Traffic Lights
- ▽ Give Way

SECTION 9: DECLARATION

This information is, to the very best of my knowledge, true in every respect.

Signature of driver

Signature of authorised manager or insured