MOTOR VEHICLE

THIRD PARTY CLAIM REPORT

CGU

Please retain this page for your information

ABOUT YOUR CLAIM

- We will contact you as quickly as possible about your claim.
- If you have any questions about your claim, please contact CGU Insurance on 13 24 80 (13 CGU 0).

CAR INSURANCE CLAIM REPORT – THIRD PARTY

Please answer all questions. This will help us process your claim quickly.
If you need more space to answer any of the questions, please use a separate sheet of paper.
Any attachments will form part of this claim report and the declaration will include them.

Policy/Claim number

Our insured's details

Driver's full name

Driver's age

Owner's full name

Email address

Year, make, model of vehicle

Registration number

Your details

Driver's full name

Driver's age

Driver's address

Postcode

Private phone no.

Business phone no.

Owner's full name

Email address

Are you registered for GST purposes?

No ☐ Yes ☐ What is your ABN?

Are you entitled to claim an input tax credit for repairs or replacement of your vehicle?

No ☐ Yes ☐ Is the amount claimable less than 100%? No ☐ Yes ☐ Specify the percentage claimable %

Owner's address

Postcode

Owner's private phone no.

Owner's business phone no.

Year, make, model of vehicle

Registration number

Important: Attach a copy of your current registration papers.

Particulars of Insurance

Is your vehicle **a.** Comprehensively insured? ☐

b. Third Party Property Damage insured? ☐

c. Not insured? ☐

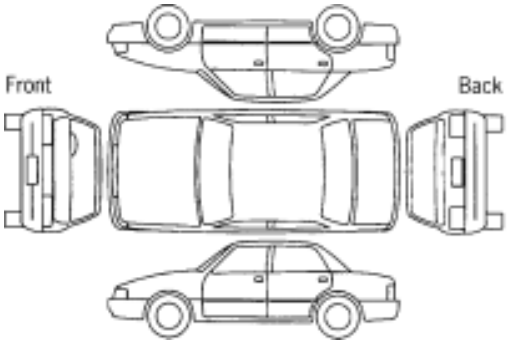
If insured, with which company and provide your policy number

Have you reported the accident to them? No ☐ Yes ☐

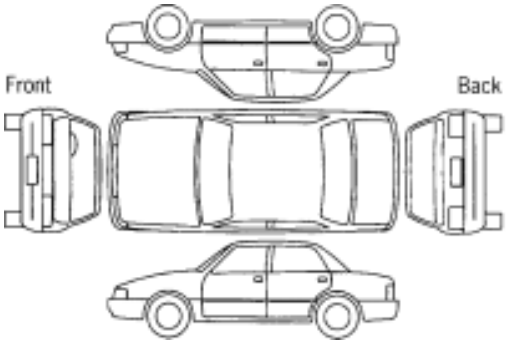
Damage to Vehicles

On this diagram please shade the areas damaged in the accident.

Your vehicle



Our insured's vehicle



Have you obtained a quotation for your repairs?

No ☐ Yes ☐ ▶ Please enclose copy

Where may your vehicle be inspected?

Damage to Vehicles

When did the accident happen?

Date Time

D D / M M / Y Y a.m. ☐ p.m. ☐

Where did the accident happen?

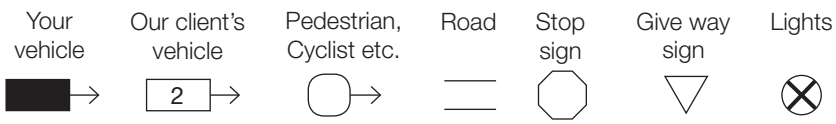
Street name(s)

Suburb Nearest intersecting street

How did the accident happen?

Please describe in detail the circumstances leading up to the accident and how the accident happened.

Using the symbols below draw a diagram of the accident scene showing the position of all vehicles.
Indicate by arrows the direction in which the vehicles were travelling and the names of the streets.



Immediately prior to impact

After impact

Were there any witnesses to the accident?

No ☐ Yes ☐ Please complete the details below

Witness No. 1

Full name

Telephone no.

Address

Postcode

Type of witness: Passenger in your vehicle ☐ Independent eye witness ☐

Witness No. 2

Full name

Telephone no.

Address

Postcode

Type of witness: Passenger in your vehicle ☐ Independent eye witness ☐

List other people on a separate page and attach the page to this form.

Did the police attend the accident?

No ☐ Yes ☐ Officer's name

Name of station

Was the accident reported to a police station?

No ☐ Yes ☐ Officer's name

Name of station

Date reported D D / M M / Y Y

Was your driver asked to take a blood / Breathalyser test?

No ☐ Yes ☐ Insured driver/person ☐ the result %

Was anyone charged with an offence or offences or advised that charges may be laid?

No ☐ Yes ☐ who

What offences?

Damage to Vehicles

Apart from yourself and our insured, were any other parties involved in this accident?

No ☐ Yes ☐ Please provide details

Fault

Why do you consider our insured is at fault?

Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I/we agree that, by submitting this form, the personal information I/we provide to CGU Insurance in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at www.cgu.com.au/privacy, including for processing this claim.

Signature of the driver

Date D D / M M / Y Y

Owner's signature

Date D D / M M / Y Y

Please print name

Please indicate the number of additional pages attached to this claim report

When complete, please forward the report to:
Email - claims@cgu.com.au
Post - CGU Insurance, GPO Box 2852 MELBOURNE VIC 3001
or send it to us via your Agent or Broker
Alternatively, claims can be lodged over the telephone 24 hours a day,
7 days a week by calling us on 13 24 80 (13 CGU 0)

CONTACT DETAILS

Enquiries 13 24 81
Claims 13 24 80

Mailing address
GPO Box 9902 in your capital city

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Tower Two, Darling Park
201 Sussex Street
Sydney NSW 2000

Melbourne
181 William Street
Melbourne VIC 3000

Brisbane
189 Grey Street
South Bank QLD 4101

Perth
46 Colin Street
West Perth WA 6005

Adelaide
80 Flinders Street
Adelaide SA 5000

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