

# **MOTOR VEHICLE** Theft claim report

### **ABOUT YOUR CLAIM**

- We will contact you as quickly as possible about your claim.
- For most claims we will check the circumstances and the damage before we have repairs authorised and paid for.
- We need to handle everything related to your claim.
- We may need to get a police report.
- Please refer to your policy booklet for more information about how your claim will be handled.
- Please answer the questions on GST at Question 6.
- If you have any questions about your claim please contact CGU Insurance on 13 24 80 (13 CGU 0).

### **REPAIRER OPTIONS**

- We have built strong relationships with our network made up of over 400 trusted Partner Repairers across Australia. They are chosen based on skill, customer service, industry experience, facilities, and quality of workmanship.
- With our partner repairers, we know customers will get the highest standards of quality, safety and service. Our Partner Repairers can be located at www.cgu.com.au/partnerepairers.
- Please note that for each repairer listed in your search, we confirm we have a relevant interest in them, meaning there is a financial, contractual or other arrangement between us.

### **CHOICE OF REPAIRER**

• You have a choice of repairer for your vehicle. Please refer to your policy documents for details.

### HOW YOU CAN RESOLVE A DISPUTE WITH US

Our dispute resolution system is free and works like this:

- 1. Please advise the staff at your CGU Insurance office on 13 24 80 if you are dissatisfied with:
  - our decision on your claim
  - our handling of your claim
  - the services of our loss adjuster or investigator.
- 2. The staff member will try to resolve the problem.
- 3. If unable to resolve it, the staff member will refer it to the supervisor or manager for attention. A decision concerning your complaint will be made within 15 business days of receipt.
- 4. If this fails to resolve your problem, you may request that the problem be referred to our internal dispute resolution staff. They will investigate the dispute and try to reach a satisfactory outcome with you, normally within 15 business days of the date you requested a referral.
- 5. If you do not accept our decision, you may take the problem to the Australian Financial Complaints Authority (AFCA), for an independent investigation. The AFCA can assist with private consumer and some small business type claims.
- 6. The telephone number for the Australian Financial Complaints Authority is 1800 931 678.

More detailed information about this process is available from your CGU Insurance office.



## CAR INSURANCE Claim Report - Theft

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.

1.	Policy number (from your schedule)							Office use only	
	XS							Cause	
2.	Insured (surname, company, partnership)								
	Contact person (for company or partr	ership claims)							
3.	Address								
						Po	ostcode		
4.	Private telephone no.	Business telephone no			Mobile no.				
	Email address								
5	Are you registered for GST purposes?								
	No Yes What is your AE								
	Have you claimed or do you intend to		on the GST	applic	able to this policy?				
	No Yes Is the amount c	laimed or intended to	No	Yes	Specify the perc			%	
	be claimed less applicable to the	than 100% of the GST e premium?				ount claimed or intended e claimed			
	Are you entitled to claim an input tax of	e you entitled to claim an input tax credit for repairs or replacement of your vessel?							
	No Yes Is the amount claimable less than 100%? No Yes Specify the percentage c						imable	%	
l	nsured vehicle details								
6.	Description of the vehicle stolen								
	Registration or Identification number								
	Make, model & body type Yea						Year of mar	nufacture	
	Name of registered owner								
	Colour of vehicle Engine No.	V.I.N.				Auto/Manua	al/other		
	How many sets of keys were supplied at the time of purchase?								
	Who has the keys now?								

	Who was in possession of these keys at the time of the theft?							
	From whom did you purchase your vehicle?							
	Name							
	Address							
				Postcode				
	Date	Price paid						
_								
7.		ey on the vehicle?		<b>.</b>				
	No Yes	Lender's name		Approximate amou	int owing			
				\$				
		Lender's address						
				Postcode				
		Private telephone no.	Business telephone no.	Facsimile no.				
		Loan account	Loan type					
8.	Has the vehicle b by the manufacture		n the manufacturer's specification or fitted with	accessories other than those	supplied			
	No Yes							
	Was the vehicle locked before the theft?							
	No Yes							
	Has the vehicle been fitted with an immobiliser or a car alarm?							
	No Yes							
		Brand and model		1	A.I.			
~				Immobiliser	Alarm			
9.	What was stolen?		Diagon lint					
	Vehicle	Contents or accessories	Please list					
10.		repaired damage to the vehicle						
	No Yes Describe the unrepaired damage							
11.	What was the veh	nicle being used for before the	theft (e.g. private use only, carrying goods in cc	nnection with business)?				

	Describe in detail the circumstances leading up to the theft
12.	Where was the vehicle parked at the time of the theft?
	Address
	Postcode
	When was the vehicle parked or last checked?
	Date Time
	Who last saw the vehicle? Full name
	ruiname
	Relationship to insured (e.g. son, daughter, employee)
	Address
	Postcode
	Private telephone no. Mobile no.
15.	Who discovered the theft and when?
	Full name
	Date Time
	DD/MM/YY a.m. p.m.
16.	What means of transport are you using now   Do you own another vehicle?
47	No Yes
17.	Do you know who was responsible for the theft? No Yes State names and addresses or any other identifying information
	The second and addresses of any other identifying information
10	
	To which police station was the theft reported? Officer's name Name of station
	Date Time
	DD/MM/YY a.m. p.m.
	Who reported the theft?
	Full name

<ul><li>19. Was the vehicle recovered?</li><li>No Yes a. Explain the circumstances surrounding the recovery (e.g. who, when, where)</li></ul>								when where)
		100	u.				y (0.9. wrio	
			<b>b.</b> If dam	aged, provide (	details			
			<b>c.</b> On thi	s diagram pleas	se shade the areas	s damaged.		
	Have you b past five yea No			3	Front	ence (other than a p	arking offe	Back
21.	Have you e	/er had	d insurance	e refused or ca	ncelled, had a rene	ewal refused or had	l special co	onditions imposed by an insurer?
	No	Yes	Sta	ate details				
22.	Have you b	een ch	narged with	n, or convicted	of, any criminal off	ence in the past ter	n years?	
	No	Yes	Sta	ate details				
23.	Have you ha	ad a ca	ar burnt or	stolen, or clain	ned against an ins	urance company fo	r damage t	to a car, in the past five years?
	No	Yes	St	ate details				
	Full name o	f perso	on					Brief details (eg. hit other car in rear)
			nitted to yo	our insurance co	ompany?			
	No	Yes						

#### 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 insured or person with authority to sign for and on behalf of a company or partnership

Date



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 132481** CLAIMS 132480

### **MAILING ADDRESS**

**GPO BOX 9902 IN YOUR CAPITAL CITY** 

CGU.COM.AU

#### SYDNEY

Sydney Melbourne NSW 2001 VIC 3000

**MELBOURNE** 

BRISBANE GPO Box 244 181 William St 189 Grey St South Bank Melbourne QLD 4101

PERTH

46 Colin St West Perth WA 6005

ADELAIDE 80 Flinders St Adelaide SA 5000



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