

motor vehicle claim form



Wesfarmers General Insurance Limited, ABN 24 000 036 279

Privacy

We respect your privacy and we comply with the Privacy Act 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, Financial Ombudsman Service (FOS), provided the matter falls within their jurisdiction.

Financial Ombudsman Service

Freecall 1300 78 08 08

Post: GPO BOX 3, Melbourne Victoria 3001

Website: www.fos.org.au

Email: info@fos.org.au

The Insurance Contracts Act 1984 (as amended) requires you to provide all information which Lumley Insurance 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 Insurance office.

Completing this claim form

Click on the fields to complete online, then print and complete diagram in Section 7 in black or blue pen and sign. OR Print and complete all sections in black or blue pen.

Enquiries and completed claim forms should be directed to:

Don Hutton Insurance Brokers Pty Ltd

PO Box 12 Penshurst NSW 2222

Ph: 1300 769 455

Fax 02 9579 6680

contact@dhbrokers.com.au

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 4, 10 Rudd Street, Canberra City 2601	Phone (02) 6279 0333	Fax (02) 6279 0330
TAS	Level 11, 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 1775
WA	Level 9, 50 St George's Terrace, Perth 6000	Phone (08) 9220 8222	Fax (08) 9220 8251
QLD	Level 2, 99 Melbourne Street, South Brisbane 4101	Phone (07) 3307 4800	Fax (07) 3307 4899
	Level 5, Northtown Tower, Flinders Mall, Townsville 4810	Phone (07) 4722 6000	Fax (07) 4724 4398
NT	Level 2, Beagle House, 38 Mitchell Street, Darwin 0800	Phone (08) 8946 4600	Fax (08) 8228 1775

Lumley Insurance is a trading name of Wesfarmers General Insurance Limited

Click on the fields to complete online, then print and complete diagram in Section 7 in black or blue pen and sign.

OR Print and complete all sections in black or blue pen.

1. Client Details

Insured

Address Postcode

Policy number

Certificate number

Phone number Email

2. Client Vehicle Details

Year Make Model Colour Registration number

3. Driver Details

Name Email address

Address whilst in Australia Postcode

International residential address

Phone number Mobile number Date of birth (dd/mm/yyyy)

Driver's licence number Expiry date (dd/mm/yyyy) Driving experience (years)

	Yes	No
Did the driver consume any alcohol or take any drugs within the 12 hours prior to the collision? If Yes , please state how much and when <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the driver sober at the time of the collision?	<input type="checkbox"/>	<input type="checkbox"/>
Did the driver undergo a breath or blood test? If Yes , please state the result <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Third Party Details

Driver's name Driver's email address

Driver's address Postcode

Driver's phone number Date of birth (dd/mm/yyyy) Driver's licence number

Registered owner

Owner's address Postcode

Owner's phone number

Year Make Model Colour Registration number

Section 4 cont...

Insurance company

Estimated cost of damage

Area of damage to the other vehicle

5. Witness Details

Name

Address

Postcode

Phone number

Age

6. Police Involvement

Did the police attend the collision scene?

Yes

No

If **No**, was the incident reported to police?

If **Yes**, which police station?

Who do the police consider was at fault?

7. Details of the Loss/Damage

Date (dd/mm/yyyy)

Time

am

pm

Where did the loss / damage occur?

Street

Suburb / Town

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

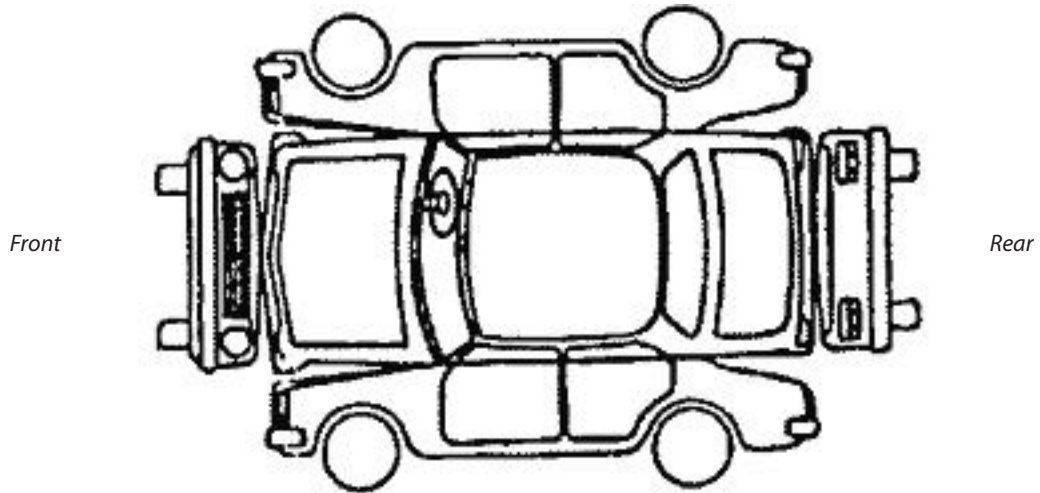
Describe how the loss / damage occurred.

Was there any damage to your vehicle prior to this loss/damage occurring? Yes No

If **Yes**, please provide details.

Section 7 cont...

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

- O Stop Sign
- X Traffic Lights
- △ Give Way

8. Declaration

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

Signature of driver

Signature of insured

Date (dd/mm/yyyy)

Date (dd/mm/yyyy)