# COMMERCIAL MOTOR VEHICLE CLAIM FORM

Client No.
Policy No.
Expiry Date
Intermediary

## PRIVACY INFORMATION

To ensure We are able to consider Your application for insurance cover, administer Your policy or manage any claim that may arise under Your policy, We need to collect important information. Information you provide in this questionnaire will be confidential and will be treated in accordance with the NTI Privacy Policy available at **www.nti.com.au.**

## WHAT HAPPENS NOW?

- Please complete this Claim Form and contact your broker / agent or nearest NTI branch. Branch details are available at **www.nti.com.au.**

**OR**

- Contact NTI Accident Assist on 1800 684 669 to make a claim over the phone.

## WHAT CAN YOU EXPECT?

- As soon as Your Claim has been reported to Us, We will contact you as soon as possible to obtain further information and assess Your claim.
- One of NTI's qualified assessors will keep you informed on how your vehicle repairs are progressing.
- A fully trained and experienced claims handler will be appointed to manage your claim.

## IS SOMEONE MAKING THIS CLAIM AGAINST YOU?

- Please complete this Claim Form and return it to your nearest NTI branch together with all the correspondence received from the other party.

**OR**

- Contact your nearest NTI branch for advice.

## WHAT ABOUT MY EXCESS?

(Please note: ALL CLAIMS SUBMITTED REQUIRE EXCESS PAYMENT REGARDLESS OF FAULT)

- On completion of Your repairs, You are required to pay the repairer the amount of Your excess together with any repair contributions.
- If it is determined by NTI that the accident was not your fault, NTI will try to recover your insurance excess from the other party. Naturally, NTI cannot guarantee that this action will be successful.

## NOTE:

- The issue of this Claim Form is not an admission of liability on Our part.
- All questions must be fully answered in either black or blue pen, or typed.
- Please print clearly and tick boxes appropriately to indicate '**Yes**' or '**No**' answers.
- Please continue on a separate sheet of paper if necessary.

## THE INSURED (To be completed by the insured)

Name(s) of insured in full:

Address: Postcode:

Phone number: Mobile:

## PARTICULARS OF MOTOR VEHICLE INVOLVED IN ACCIDENT

Year: Make: Model: Body Type:

Colour: Vehicle ID (VIN/Chassis): Engine no.:

Registration no.:

Expiry date: Date purchased: Price paid: CTP insurer:

Name of vehicle owner:

Name of finance company / bank if vehicle(s) encumbered:

Type and weight of load being carried:

## PARTICULARS OF TRAILER IF INVOLVED (TRAILER 1)

Year: Make: Model: Body Type:

Colour: Vehicle ID (VIN/Chassis): Registration no.:

Expiry date: / / Date purchased: / / Price paid: CTP insurer:

Name of trailer owner:

Name of finance company / bank if trailer(s) encumbered:

Type and weight of load being carried:

## PARTICULARS OF TRAILER IF INVOLVED (TRAILER 2)

Year: Make: Model: Body Type:

Colour: Vehicle ID (VIN/Chassis): Registration no.:

Expiry date: / / Date purchased: / / Price paid: CTP insurer:

Name of trailer owner:

Name of finance company / bank if trailer(s) encumbered:

Type and weight of load being carried:

If **more than two trailers**, please supply details on separate page.

## DRIVER OR PERSON IN CHARGE OF VEHICLE

Surname: Given name(s):

Address: Postcode:

Phone number: Mobile:

Date of birth: / / Age: Driver's licence no.: Class:

State of issue: Expiry date: / /

How long has the driver been licensed to operate THIS CLASS of vehicle?

A PHOTOCOPY OF BOTH SIDES OF LICENCE AND LOG BOOK (WHERE APPLICABLE) MUST BE ATTACHED.

Relationship of driver to the insured (employee, subcontractor, relative, etc.):

Was the vehicle driven with the insured's consent? **Yes** **No**

If **no**, please provide details:

Was any intoxicating liquor or drugs (including prescription drugs) consumed in the 12 hours preceding the accident or transit journey?

**Yes** **No**

If **yes**, please provide details:

Did the driver or person in control of the vehicle undergo a breathalyser / blood test / urine or oral fluid test / drug impairment assessment?

**Yes** **No** Breathalyser: **Yes** **No** Blood test: **Yes** **No** Urine / oral fluid: **Yes** **No**

Drug impairment assessment: **Yes** **No**

If **yes**, the result(s):

## HISTORY Your claim may be delayed if this section is not completed

**DETAILS OF OWNER(S) HISTORY – PAST 10 YEARS**

Traffic and / or criminal offences:

Licence suspension / cancellations:

Refusal and / or cancellation of any motor vehicle policy by an insurer:

Prior accidents or losses relative to any motor vehicle:

**DETAILS OF DRIVER(S) HISTORY – PAST 10 YEARS**

Traffic and / or criminal offences:

Licence suspension / cancellations:

Refusal and / or cancellation of any motor vehicle policy by an insurer:

Prior accidents or losses relative to any motor vehicle:

## DETAILS OF ACCIDENT (To be completed by the driver)

Date and time of accident / theft: / / Time: AM/PM (please circle)

Exact location where accident / theft occurred:

Describe in detail how the accident / theft occurred:

Speed of your vehicle at the time of accident: KM per hour

Speed of other vehicle at the time of accident: KM per hour

Time and place the journey commenced and vehicle destination:

Was this **inbound** or **outbound** from the vehicle's home base of operations? **Inbound** **Outbound**

Weather and road conditions at the time of accident:

In the driver's opinion, who was responsible for the accident and why?

Has any claim been made against you? **Yes** **No**

If **yes**, please provide details:

Date and time accident / theft reported to police: Date: Time:

Did police attend the accident scene? **Yes** **No**

Name and station of police officer who took accident particulars:

Is police action pending? **Yes** **No**

If **yes**, against whom?

Name, address and phone number of any independent witness(es):

Name:

Address: Phone:

Name and address of person(s) injured in the accident:

Name:

Address: Phone:

## DAMAGE TO INSURED VEHICLE

Give brief details of loss or damage to your vehicle:

Has a repair quotation been obtained? If **yes**, please attach. **Yes** **No** **Amount: $**

Where can the insured vehicle be inspected?

Was your vehicle towed at the time? **Yes** **No**

If **yes**, by whom?

## OTHER PERSON(S) INVOLVED IN THIS INCIDENT

Name, address and phone number of owner of vehicle or property: (If **vehicle**, please provide make, model and registration no. including state where registered): (If **more than one vehicle**, please supply details on a separate page).

Name:

Address: Phone:

Make: Model: Registration no.: State where registered:

Name, address and phone number of other vehicle (if not owner):

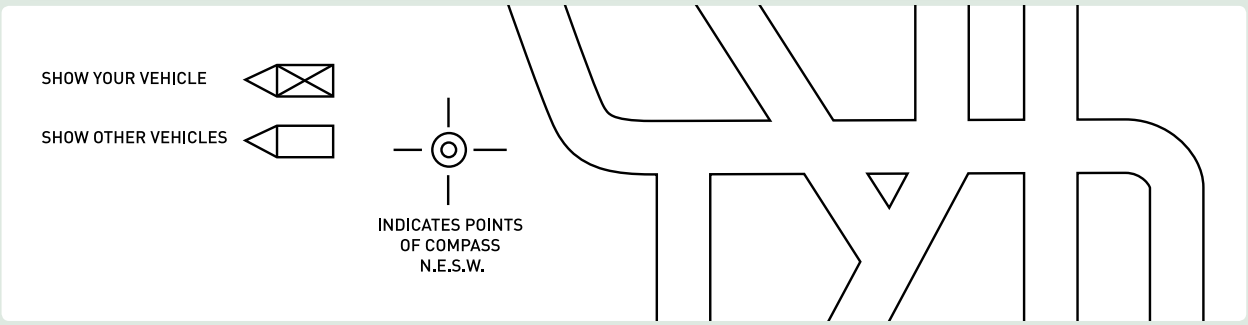
Name:

Address: Phone:

Please give description of other vehicle or property:

Please give brief details of loss or damage to other vehicle or property:

## DIAGRAM OF ACCIDENT (To be completed giving street name, traffic lights, giveway signs etc.)




## DECLARATION

My answers to the questions in this Claim Form are to the best of My knowledge true and correct and believe I have not withheld any information likely to affect consideration of this claim. Where such answers are not in My own handwriting and relate to the accident details, or Me, they have been checked by Me and certified as correct.

Driver's Signature: Date: / /

Insured's Signature(s): Date: / /

NTI Limited (ABN 84 000 746 109) (AFSL 237246) is the manager for National Transport Insurance, an equal-partner joint venture of CGU Insurance Limited (ABN 27 004 478 371) and Vero Insurance Limited (ABN 48 005 297 807). This means that each insurer is responsible for its one half share.

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