

HEAVY VEHICLE CLAIM

The issue of this form does not constitute an admission of liability on the part of the insurer.

Please send your claim to claims@rentsure.com.au or fax to 02 9460 2111.

Please complete all sections of this claim form and return with the following documents:

- Quotation from your chosen repairer
- Rental agreement
- Rental breach NO YES – If YES, please specify the breach.
- Special instructions: _____
- Attach any other information or correspondence you may have received in relation to this claim.

| | | | |
|----------------------|--|--------------------------------|--|
| POLICY NUMBER | | RENTAL AGREEMENT NUMBER | |
|----------------------|--|--------------------------------|--|

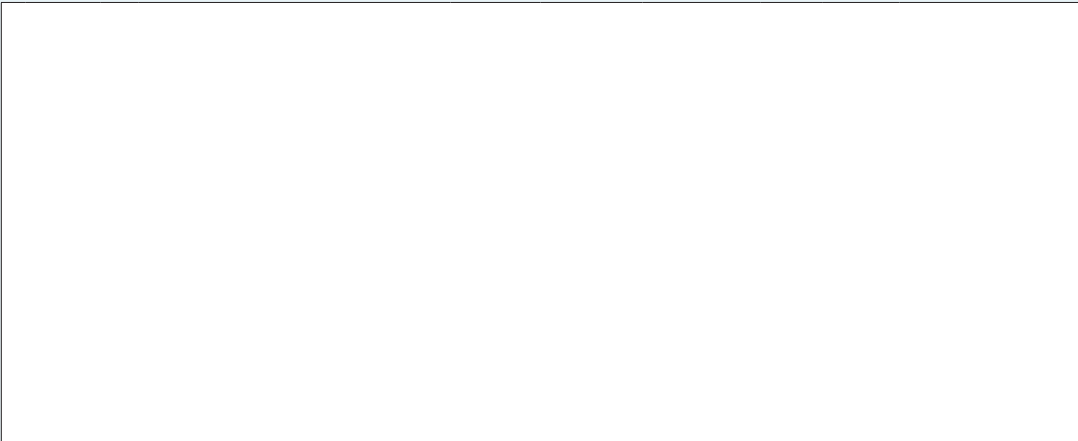
| RENTAL COMPANY DETAILS | | | | | | | | | |
|---|-----------|-----|---|---------------|--------|--|--|----------|---|
| Rental Company Name | | | | | | | | | |
| Full Name (Block Letters) | Surname | | | Given Name(s) | | | | | |
| Postal address | | | | | | | | | |
| | | | | State | | | | Postcode | |
| Are you registered for GST? <input type="checkbox"/> NO <input type="checkbox"/> YES | | | What is your ABN? | | | | | | |
| Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy? | | | <input type="checkbox"/> NO <input type="checkbox"/> YES – Will you be claiming an amount less than 100%? | | | | | | |
| | | | <input type="checkbox"/> NO <input type="checkbox"/> YES – If Yes, specify amount claimed | | | | | | % |
| Contact Numbers | Business | () | | | Mobile | | | | |
| | Facsimile | () | | | Email | | | | |

| RENTAL VEHICLE DETAILS | | | | | | | | | | |
|--|--|--|--|----------------|--|--|--|------------------|--|--|
| Make of Vehicle | | | | Mth/Year | | | | Registered No. | | |
| Model | | | | Colour | | | | Odometer Reading | | |
| Registered Owner | | | | Engine No. | | | | Chassis/VIN No. | | |
| Address | | | | | | | | | | |
| | | | | State | | | | Postcode | | |
| Do you owe finance on your vehicle? <input type="checkbox"/> NO <input type="checkbox"/> YES | | | | | | | | | | |
| Name of Lender | | | | Account Number | | | | | | |

| CLASS OF VEHICLE | | | |
|--|---|--|--|
| <input type="checkbox"/> Sedan or Station Wagon | <input type="checkbox"/> Four Wheel Drive | <input type="checkbox"/> Heavy Plant | <input type="checkbox"/> Rigid Vehicle over 2T and up to 5T |
| <input type="checkbox"/> Van or utility up to 2T | <input type="checkbox"/> Bus or Coach | <input type="checkbox"/> Articulated Prime Mover | <input type="checkbox"/> Rigid Vehicle over 5T and up to 10T |
| <input type="checkbox"/> Semi Trailer | <input type="checkbox"/> Light Plant | <input type="checkbox"/> Rigid Vehicle over 10T | <input type="checkbox"/> Other |
| Trailer details (if applicable) | | | |
| Make | Type | Year | Rego No |
| State any non-standard accessories/modifications to vehicle | | | |
| What was the intended operating radius of the journey? | | | |
| State time & place journey commenced & intended desitination | | | |
| State type and weight of goods being carried | | | |

| RENTER DETAILS | | | |
|--|---------------|---------------|----------|
| Full Name (Block Letters) | Surname | Given Name(s) | |
| Address | | | |
| | | State | Postcode |
| Contact Numbers | Business () | Email | |
| | Facsimile () | Mobile | |
| Is the renter self insured? <input type="checkbox"/> NO <input type="checkbox"/> YES, give details | | | |
| | | | |

| DRIVER DETAILS (FOR PARKED OR UNATTENDED VEHICLES, DRIVER OR CUSTODIAN AT THE TIME OF LOSS) | | | |
|---|---------------|---------------|--|
| Relationship to Renter | | Licence No | |
| State | Expiry Date | / / | DOB / / |
| How long has the driver been licensed for this type of vehicle? | | | years |
| Full Name (Block Letters) | Surname | Given Name(s) | |
| Address | | | |
| | | State | Postcode |
| Contact Numbers | Business () | Email | |
| | Facsimile () | Mobile | |
| Did the driver drink any alcohol or take any drugs in the last 24 hours prior to the accident? | | | <input type="checkbox"/> NO <input type="checkbox"/> YES, give details |
| | | | |
| Did the driver undergo a breath test, breath analysis or blood test? <input type="checkbox"/> NO <input type="checkbox"/> YES, give details | | | |
| | | | |
| What was the reading? (Please attached a copy of the certificate) | | | |

| INCIDENT DETAILS | | | | | |
|--|-----|---|----------------|----------------------|-------|
| Date | / / | Day | | Time | am/pm |
| Where did the incident happen? | | | | | |
| Street | | Suburb | | Nearest cross street | |
| Road surface: Dry <input type="checkbox"/> Wet <input type="checkbox"/> Sealed <input type="checkbox"/> Unsealed <input type="checkbox"/> | | | | | |
| At the time of the incident the insured vehicle was: Parked <input type="checkbox"/> Stationary <input type="checkbox"/> Moving <input type="checkbox"/> | | | | Speed | kms |
| Traffic controls: None <input type="checkbox"/> Stop sign <input type="checkbox"/> Traffic lights <input type="checkbox"/> Roundabout <input type="checkbox"/> Give way sign <input type="checkbox"/> Other <input type="checkbox"/> | | | | | |
| Number of vehicles involved | | | | | |
| If applicable, what type of goods were being transported at time of loss? | | | | | |
| Describe how the incident occurred? | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Who was at fault? | | Surname | Given Names(s) | | |
| SKETCH DIAGRAM OF ACCIDENT | | | | | |
| 1. Name streets 2. Indicate direction of travel 3. Your vehicle <input checked="" type="checkbox"/> 4. Other vehicle <input type="checkbox"/> | |  | | | |

| POLICE | | | |
|---|-----|---|--|
| Did a Police Officer attend the accident scene, <input type="checkbox"/> NO <input type="checkbox"/> YES or did you report the incident to the police? <input type="checkbox"/> NO <input type="checkbox"/> YES, give details | | | |
| | | | |
| Name of Officer | | Report No | |
| Station | | | |
| Did the Police indicate who was responsible? <input type="checkbox"/> NO <input type="checkbox"/> YES, give details | | | |
| | | | |
| Date of report | / / | PLEASE ATTACH A COPY OF THE POLICE REPORT (IF AVAILABLE) | |
| Name of person to be charged or cautioned | | | |
| Nature of charge or caution | | | |

PASSENGER(S) — All passengers in the rental vehicle at the time of the accident

| | | |
|-----------|---------|---------------|
| Full Name | Surname | Given Name(s) |
| Address | | |
| Phone | Email | |

| | | |
|-----------|---------|---------------|
| Full Name | Surname | Given Name(s) |
| Address | | |
| Phone | Email | |

| | | |
|-----------|---------|---------------|
| Full Name | Surname | Given Name(s) |
| Address | | |
| Phone | Email | |

| | | |
|-----------|---------|---------------|
| Full Name | Surname | Given Name(s) |
| Address | | |
| Phone | Email | |

WITNESS(ES) — All independent witnesses, not passengers in the rental vehicle at the time of the accident

| | | |
|-----------|---------|---------------|
| Full Name | Surname | Given Name(s) |
| Address | | |
| Phone | Email | |

| | | |
|-----------|---------|---------------|
| Full Name | Surname | Given Name(s) |
| Address | | |
| Phone | Email | |

| | | |
|-----------|---------|---------------|
| Full Name | Surname | Given Name(s) |
| Address | | |
| Phone | Email | |

| | | |
|-----------|---------|---------------|
| Full Name | Surname | Given Name(s) |
| Address | | |
| Phone | Email | |

DAMAGE TO YOUR VEHICLE

 Are you claiming damage to the rental vehicle? NO YES

 Was the vehicle towed? NO YES, give details

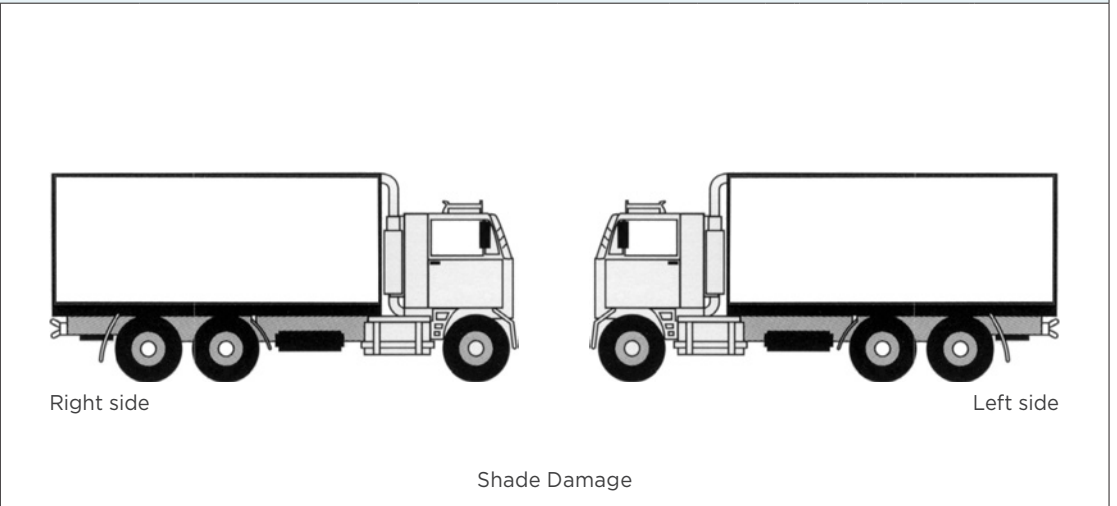
Name of the Towing Company _____ Telephone () _____

Where was it towed? _____ Distance towed _____ Kms

Where is the vehicle now? _____

SKETCH DIAGRAM

Shade areas of damage being claimed
Indicate point of impact (X)



Shade Damage

DETAILS OF OTHER VEHICLE

Make of Vehicle _____ Year _____ Registered No. _____

Model _____ Colour _____

DRIVER OF OTHER VEHICLE

Full Name (Block Letters) Surname _____ Given Name(s) _____

Address _____

State _____ Postcode _____

Contact Numbers Business () _____ Private () _____

Facsimile () _____ Mobile _____

Licence Number _____ Expiry Date / / DOB / /

 Was the owner in the vehicle at the time of the accident? NO YES, give details

OWNER OF OTHER VEHICLE/PROPERTY

Full Name (Block Letters) Surname _____ Given Name(s) _____

Address _____

State _____ Postcode _____

Contact Numbers Business () _____ Private () _____

Facsimile () _____ Mobile _____

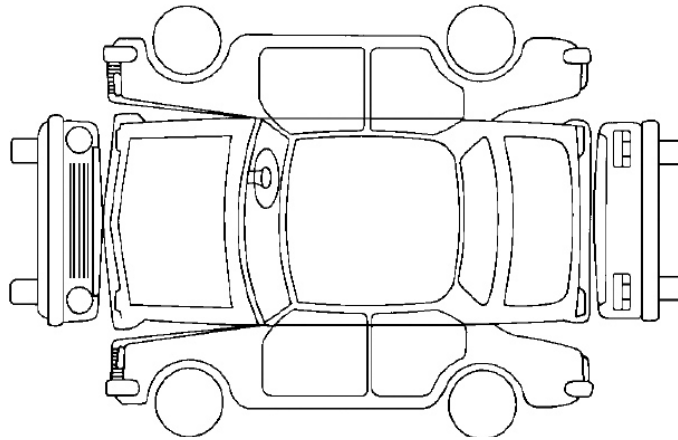
Relationship to Renter _____

Insurance Company _____ Policy or Claim No _____

DAMAGE TO OTHER VEHICLE

SKETCH DIAGRAM

Shade areas of damage being claimed
Indicate point of impact (X)



Shade Damage

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 or online at www.cgu.com.au

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 CGU 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 Rentsure.

DECLARATION AND AUTHORISATION

The information and answers given above are true, correct and complete in every detail.

- I/We understand the claim may be refused if the information is not true or is withheld.
- I/We authorise Rentsure and or CGU to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured or Renter's credit or insurance history as well as insurance claims information obtained during the course of this contract.

| | | | | |
|----------------------|-------------|------|---|---|
| Signature of Renter | 1. X | Date | / | / |
| Signature of Insured | 2. X | Date | / | / |

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM.