



Claims Procedures

Claim form to be completed immediately

Vehicle Driveable

- Vehicle to be taken to a CGU approved repairer.
- Forward claim form to CGU
- Repairer will arrange assessment and authorization.

Vehicle Not Driveable

Metropolitan Area

- Contact Towing Allocation on 131176.
- Vehicle to be towed to nearest CGU Insurance approved repairer.
- Leave a copy of the completed claim form with vehicle.
- Repairer will arrange assessment and authorisation.

Country Area

- call CGU on 132480 to have vehicle towed to nearest CGU Insurance approved repairer.
- Fax/Email Claim Form to CGU Insurance with details of vehicle and/or including quotation.

If Another Vehicle Is Involved

Your Driver At Fault

- Liability is not to be admitted.
- Request the other party to put their demand in writing and to obtain one written quote.
- Refer any correspondence to CGU Insurance as soon as possible.

Other Driver At Fault

- Ensure all particulars are detailed on claim form to enable recovery action to be instituted.

Vehicle Theft

- Ensure police are notified and obtain "Victim Of Crime Statement".
- Send or fax claim form to CGU Insurance.
- If vehicle is recovered and is damaged refer above.

The issue or acceptance of this form is not to be construed as an admission of liability by CGU Insurance. Please complete all questions to prevent processing delays.

1. Insured – State Government of Victoria

Department	Agency	Region
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact name	Fleet Manager	
<input type="text"/>	<input type="text"/>	
Phone number	Fax number	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

Important – Vehicle Classification (please tick)

Executive Operational

Executive means (as defined by the Australian Tax Office). Motor Vehicle of less than 1 tonne, motor cycles if the vehicles are for use as part of a Remuneration Package (ie salary sacrifice by a particular executive officer).

Name of Executive Officer	Driver's department
<input type="text"/>	<input type="text"/>

2. Vehicle Details

Year	Make	Model
<input type="text"/>	<input type="text"/>	<input type="text"/>
Colour	Registration number	
<input type="text"/>	<input type="text"/>	

Please email or fax all new claims to motorfleetclaims@cgu.com.au or 13 24 80

The information provided on this form will only be used for the management of motor vehicle insurance claims and will be managed in accordance with the Information Privacy principles pursuant to the Privacy and Data Act Protection Act 2014.

3. Incident Details

Date

/ /

Time

a.m.

p.m.

Where did it occur?

Suburb/Town

Postcode

Use of vehicle at time of incident.

Who do you consider was at fault and why?

Weather at time of incident?

Did police attend the incident?

Yes

No

If No, was this accident reported to the police?

If yes, which police station?

Who do police consider was at fault for the incident?

What speed were the vehicles doing at the time of the incident?

Your vehicle

km/h

Other vehicle

km/h

Description of incident

Diagram of incident

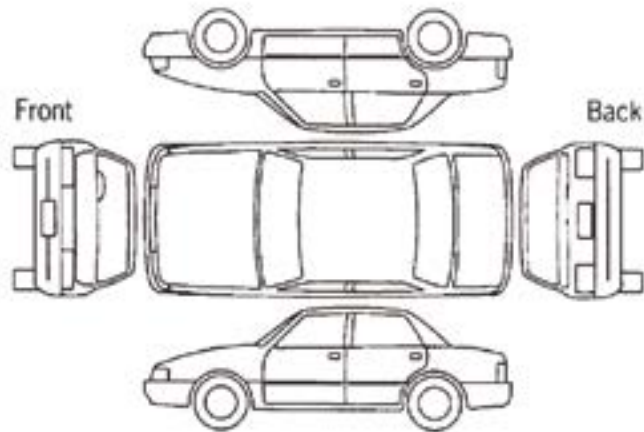
Indicate North
with arrow



Legend

-  Stop sign
-  Traffic Lights
-  Give way
-  Your vehicle
-  Other vehicle
-  Pedestrian/Cyclist
-  Road

Please indicate on the diagram below the accident damage to the insured vehicle.



Was there any damage to your vehicle prior to the incident? Yes No

If yes, please give details

Where can the vehicle be inspected?

4. Driver Details

Employee number

Name

Home address

Postcode

Home phone number

Mobile phone number

Date of birth

Licence number

Class

Expiry date

Driving experience (years)

Has the driver attended a company-sponsored driver training course within the last two years? Yes No

Did the driver consume any alcohol or take any drugs, 12 hours prior to the incident? Yes No

If yes, please state how much and when

Was the driver sober at time of incident? Yes No

Did the driver undergo a breath or blood test? Yes No

If yes, please state the result

5. Other Vehicle Details

Driver

Address

Postcode

Phone number

Date of birth

Licence number

Registered Owner

Address

Postcode

Year

Make

Model

Colour

Registration number

Insurance Company/Reference Number

6. Damage to Other Vehicle

Area of damage

Amount of damage

\$

7. Witness to incident

Name

Address

Postcode

Phone no.

Age

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

Signature of Driver

Date

Signature of Authorised Fleet Manager

Date



Insurer
CGU Insurance Limited
ABN 27 004 478 371
AFSL 238291

backed by