



Motor Vehicle Claim Form

Dear Policyholder,

We're sorry to hear you've had an accident. Our aim is to settle your claim as quickly as possible.

You can help us do this by ensuring the enclosed claim form is completed promptly and that all questions are fully answered. If insufficient space, please attach a separate statement.

To ensure that repairs are underway quickly, you should obtain a quotation from a repairer. A list of recommended repairers closest to you is available from us if required.

The quotation together with the completed claim form should be forwarded to us as soon as possible and we will arrange for our assessor to inspect the damage. Provided the policy and claim form are in order, repair work will be authorised without delay.

The information provided below may answer some of the questions which could arise following your claim:

1. The excess must be paid to the repairer when you collect your car unless prior arrangements have been made with us. This must be paid even if you were not at fault. If the accident was clearly someone else's fault, we will take recovery action against the person responsible for the accident and will include the amount of your excess. In the case of third party only cover, the excess must be paid to your Insurer at the time of submitting your claim.
2. Your no claim discount will not be affected provided you are able to prove that some person other than you or the driver of the insured vehicle was totally responsible for the accident and you are able to advise us of the full name address and other particulars of that person.
3. If the other party involved in the accident has stated that you are being held responsible for the damage to the other vehicle or property, you should indicate that you will be lodging a claim with us and that any demands for compensation will be handled by your Insurer. Do not admit liability or make any offers or promises of payment without our consent.
4. If you receive a letter of demand and a quotation and/or account for the repairs to another person's vehicle or property, you must send this correspondence to us immediately. Any delays could result in additional costs.
5. Even if you feel you were not responsible for the accident, do not ignore letters of demand from the other party. Any correspondence from the other party should be forwarded to us. If you fail to act on the other party's letter of demand, it may result in a summons being served on you. If this happens, you must contact us immediately.
6. If you feel the repairs to your vehicle are unsatisfactory, you should discuss the problem with the repairer. If you are unable to reach agreement, then contact us.

If you have any problems during the period of your claim, please contact us and quote your claim number if you know it. We assure you of prompt attention to any queries you may have.



Your Privacy

The Privacy Act 1988 (Cth) requires **Cambridge Insurance Brokers Pty Ltd** to make the following disclosure before collecting personal information about you after 21 December 2001:

- ◆ Cambridge Insurance Brokers Pty Ltd collects personal information in order to provide it's various services which include insurance broking, claims management, risk management consultancy, underwriting management, and reinsurance.
- ◆ If the personal information Cambridge Insurance Brokers Pty Ltd requests from you is not provided, Cambridge Insurance Brokers Pty Ltd or any involved third party may not be able to provide the appropriate services.
- ◆ Cambridge Insurance Brokers Pty Ltd discloses personal information to third parties who are involved in the provision of our services. For example, in arranging and managing your insurance needs Cambridge Insurance Brokers Pty Ltd may provide information (including sensitive information such as health information) to insurers, reinsurers, other insurance intermediaries, it's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process. By signing this form and continuing to deal with us, you confirm on your behalf and/or on behalf of those you represent consent to Cambridge Insurance Brokers Pty Ltd and these parties collecting, using and disclosing personal and sensitive information about you.
- ◆ Cambridge Insurance Brokers Pty Ltd has a duty to maintain the confidentiality of it's client's affairs which includes their personal information. Our duty of confidentiality applies except where disclosure of your personal information is with your consent or required by law.
- ◆ Cambridge Insurance Brokers Pty Ltd may make use of your personal information to provide you with information about it's products and services.

Further details on the Cambridge Insurance Brokers Pty Ltd Privacy Policy are available on our website: www.cambridgeins.com.au or please contact our Office.

Contact Us

Simply contact the Cambridge Insurance Brokers Pty Ltd Privacy Officer on the details below if you would like to:

- ◆ Access the personal information Cambridge Insurance Brokers Pty Ltd hold about you
- ◆ Update or correct the information Cambridge Insurance Brokers Pty Ltd holds about you
- ◆ Discuss your privacy concerns
- ◆ Be removed from the mailing list to receive information about [Your Company] products and services

Privacy Officer
Cambridge Insurance Brokers Pty Ltd
Suite 6, 1924 Beach Road, MALAGA WA 6090
E-mail: general@cambridgeins.com.au
Telephone: 08 9248 7944
Fax: 08 9248 1344

Please state what drugs or how much alcohol was consumed by the driver in the 12 hours prior to the accident:
Did the driver undergo a breath test?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what was the reading?
Has the driver's motor vehicle licence ever been cancelled or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details:

Please indicate areas of damage to insured vehicle

A large, empty rectangular box with a thin black border, intended for the user to draw or describe areas of damage to the insured vehicle.

6. Police

Date reported to Police	/ /20	Time reported to Police	am/pm
Did the Police attend the accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state: (i) From which Police Station? (ii) Name of Officer		
Did the Police indicate which driver was at fault?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state: (i) Name of driver charged or cautioned (ii) Nature of charge or caution		

7. Other Parties (Please complete this section if any other vehicles or property involved)

Number of other vehicles involved			
Owner's name and address Postcode.....		
Licence Number		Age:	yrs
Make and Model of Vehicle			
Registration Number			
Driver's name and address Postcode.....		
Please give particulars of damage to other party's vehicle and/or property		

NB: (If more than one third party involved, please provide similar particulars on a separate sheet)

8. Witnesses

Passengers in Insured Vehicle	Names	Addresses

Independent Witnesses	Names	Addresses

--	-------------------------	--

9. ABN Details

Are you a registered business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	What is your ABN?	ABN No:
What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred?%				

10. Declaration

The information and answers given above are a true and complete statement of the facts and matters relating to the happening for which this claim is made, and no information likely to affect this claim has been withheld. I authorise my Insurer to undertake on my behalf whatever actions are necessary to indemnify me within the terms of my policy including if necessary, removal of my vehicle to alternative premises to enable repairs to be carried out by a qualified Motor Body Repairer. I understand that this claim may be refused if information is untrue, inaccurate or concealed.

I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify **Cambridge Insurance Brokers Pty Ltd** in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Driver's Signature Date:/...../.....
 Policyholder's Signature Date:/...../.....