

Motor Vehicle Accident Claim Form

Motor Vehicle Accident Claim Form

How to get quick action on your claim

Catholic Church Insurances Limited will act on your claim as soon as we receive this form. You can help us to act quickly for you by:-

- Taking your vehicle to a repairer recommended by us (if it is drivable);
 - Completing all sections of this claim form;
 - Attaching repairers' quotations;
 - Taking all reasonable steps to safeguard your vehicle so that no further damage occurs;
 - Either posting or taking the completed claim form and originals of all supporting documentation to Catholic Church Insurances Limited.
- If you need any help in completing this form contact us on our freecall number 1300 655 001 or visit our nearest office.

Owner's details

Surname		Given name	
<input type="text"/>		<input type="text"/>	
Address			
<input type="text"/>			
			Postcode
<input type="text"/>			<input type="text"/>
Telephone: Work	Home	Mobile	Fax
() <input type="text"/>	() <input type="text"/>	<input type="text"/>	() <input type="text"/>
Email		Date of birth	
<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	

Policy details

Policy number/Reference number	Renewal date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Policy excess

Your policy is subject to an excess of:

This excess amount will be deducted from the amount you are claiming.

Vehicle details

Year of manufacture	Make of vehicle (e.g. Holden, Ford, Toyota)
<input type="text"/>	<input type="text"/>
Model (e.g. Commodore, Falcon, Corolla.)	Type of body (e.g. sedan, station wagon, bus, 4 wheel drive.)
<input type="text"/>	<input type="text"/>
Registration number	Registration expiry date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Is vehicle subject to finance? (mortgage/bill of sale/hire purchase/lease) YES NO If Yes, please give details:

Name	Branch	Telephone (if known)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Driver's details

Surname		Given name	
<input type="text"/>		<input type="text"/>	
Address			
<input type="text"/>			
<input type="text"/>			Postcode
<input type="text"/>			<input type="text"/>
Telephone: Work	Home	Mobile	Fax
() <input type="text"/>	() <input type="text"/>	<input type="text"/>	() <input type="text"/>
Email		Date of birth	
<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Licence number		How long have you had your Licence?	
<input type="text"/>		<input type="text"/> years <input type="text"/> months	
Is it a Probationary Licence? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Did the Police take a breath or blood sample from you? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, was the accident reported to the Police? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="text"/>			
Have you ever been convicted of an offence in connection with a motor vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please give details:			
<input type="text"/>			
Have you ever had your Licence suspended or cancelled? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please give details:			
<input type="text"/>			

Police report

Did the Police attend the scene of the accident? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, was the accident reported to the Police? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Date reported	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time	<input type="text"/> am/pm
Police Officer's name	Police Station	Telephone	
<input type="text"/>	<input type="text"/>	() <input type="text"/>	
Has any Police action been taken or threatened in relation to this accident? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If Yes, what is the charge?		Who is the person being charged?	
<input type="text"/>		<input type="text"/>	

Accident details

When did the accident happen? Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time	<input type="text"/> am/pm
What was the exact location of the accident?	Street/Road	<input type="text"/>	
	Suburb/Town	<input type="text"/>	
Was your vehicle on the correct side of the road? <input type="checkbox"/> YES <input type="checkbox"/> NO			
What were the weather conditions? <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Foggy <input type="checkbox"/> Sunny <input type="checkbox"/> Overcast			
What were the road conditions? <input type="checkbox"/> Gravel <input type="checkbox"/> Bitumen <input type="checkbox"/> Rough <input type="checkbox"/> Roadworks			
At the time of the accident what was the speed of the vehicles? Your Vehicle: <input type="text"/> kph Other Vehicle: <input type="text"/> kph			
Was the vehicle being used with the owner's permission? <input type="checkbox"/> YES <input type="checkbox"/> NO If you did not have the owner's permission, please explain:			
<input type="text"/>			

Description of accident

Please describe the accident in detail:

Accident scene

Please draw a diagram of the accident scene showing traffic lights, stop and give way signs, and the names of streets indicating north with an arrow.

Your Vehicle



Other Vehicles



Street
Intersection



Curved Street



Direction
of travel
shown by
arrow



Indicate traffic
control signs
eg. STOP Sign

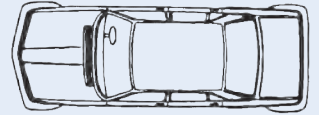


Indicate
direction of North
with arrow head

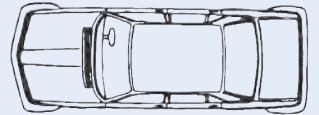
Vehicle damage

Please mark the damaged areas of the vehicle with an X

Your Vehicle



Other Vehicle



Who do you think was responsible for the accident?

Please tell us why:

Details of other party in accident (third party)

Driver 1

Surname

Given Name

Address

Telephone Home

Telephone Work

Make of vehicle

Registration number

If the driver was not the vehicle owner, please provide the details:

Owner 1

Surname

Given Name

Address

Insurer

Policy No.

Driver 2

Home

Work

Owner 2

Insurer

Policy No.

Property damaged

Please tell us about any damage to property. (e.g. power pole, fence, house.)

Owner's Surname

Given Name

Address

Postcode

Telephone: Work

Home

Mobile

Fax

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Details of damage

Estimated repair costs

(Please attach any correspondence received by you from the owner of the damaged property.)

Independent witnesses (other than passengers)

Were there any witnesses? YES NO If Yes, please tell us their details.

Witness 1

Surname

Given Names

Address

Telephone Home

Telephone Work

Witness 2

Home

Work

If there were more than 2 witnesses please attach a separate sheet

Declaration

I wish to make a claim under my policy as detailed in the claim form.

I declare that;

- I have been completely honest in providing you with information relating to my claim.
- The amount I am claiming is no more than the amount of my loss.
- I consent to Catholic Church Insurances Limited using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however Catholic Church Insurances Limited may not be able to process my claim;
- I consent to Catholic Church Insurances Limited disclosing my personal information to other insurers, an Insurance Reference Service, reinsurers, claim investigators, assessors, legal professionals or as required by law. I consent to Catholic Church Insurances Limited also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Insured's Signature

Date

Driver's Signature

Date

Fleet Manager's Signature

Date

(if applicable)

General Insurance Code of Practice

The General Insurance Industry has developed a General Insurance Code of Practice for use by all insurers. Catholic Church Insurances has adopted and enthusiastically supports the Code because it:

- requires the provision of high standards of good practice and service
- requires the provision of more relevant and useful information to consumers
- promotes understanding of your rights and obligations under our insurance contracts
- promotes informed and effective relationships between consumers, insurers and agents
- provides a process for the resolution of disputes.

The Code sets out what we must do when dealing with you through all stages of our relationship. If you want more information about the Code please contact us or go to www.codeofpractice.com.au

If we are unable to provide you with insurance cover, we will:

- give you reasons; and
- refer you to the Financial Ombudsman Service for information about alternative insurance options.

If you are unhappy about our decision, you may make a complaint in accordance with our complaints handling procedures.

How to make a complaint

If our service fails to satisfy you we would like to hear from you.

Our commitment to you is that:

- all complaints will be dealt with fairly, transparently and in a timely manner
- we will acknowledge a verbal or written complaint within 5 business days
- our response will take no more than 15 business days

Our complaints handling policy can be obtained from our website or by requesting a copy directly from us.

Your complaint will be handled by a person with the appropriate authority to deal with your complaint.

If you are not satisfied with our response, you may refer the complaint to our Internal Disputes Resolution Committee. This committee is a group of senior persons with the authority to make a final decision on behalf of the company.

Once your dispute has been through our Internal Disputes Resolution Committee and if you are still not satisfied you can refer your complaint to the Financial Ombudsman Service. Contact details for the FOS are as follows:

The Financial Ombudsman Service
Freecall: 1 300 78 08 08
Post: GPO Box 3
Melbourne Victoria 3001
Email: info@fos.org.au
Website: www.fos.org.au

The FOS is an independent insurance review body. Please note that the FOS will not accept a complaint unless you have first tried to resolve the problem with us.

If you prefer, you may pursue other options that may be available to you, such as consumer tribunals or legal process.

Safeguarding your information – Privacy

Privacy Statement

Catholic Church Insurances has adopted the National Privacy Principles under the Privacy Act 1988. This supports our management philosophy promoting mutual trust, respect, equity and fair treatment.

Purpose of collection

We need to collect personal information about you which enables us to assess your application for new insurance, change your existing insurance, correct your details or determine a claim.

Use and disclosure

To assess a risk or process a claim we may disclose your personal information when necessary to others, including loss assessors, claims investigators, reinsurers, other insurance companies, financial institutions, government bodies, mail house service providers, hospitals, medical and health professionals, legal and other professional advisors. Where necessary we will always gain your consent.

From time to time we may offer you other insurance products apart from your original policy. If you do not wish to receive this information please advise us.

You may access, correct or update your personal information by contacting us at any time.

Failure to provide information

If you do not provide us with the requested personal information, we will not be able to consider your claim or provide other insurance services.

If you have a Privacy issue, wish to obtain a copy of our Privacy Policy or make a complaint please contact us.

Upon completion of the claim form please return to:
GPO Box 180 Melbourne 3001

How to contact us

Mail Catholic Church Insurances Limited
GPO Box 180 Melbourne 3001
Email motorclaims@ccinsurances.com.au
Website www.ccinsurances.com.au
Telephone 1300 655 001
Facsimile 03 9934 3468

 Catholic Church
Insurances Limited
Serving Church