

# Motor Vehicle Accident

## Claim Form

Claim Number \_\_\_\_\_  
(office use only)

### How to Get Quick Action on Your Claim

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

- ◆ Reporting incidents of theft (or attempted theft), malicious damage and loss of personal valuables to the police;
- ◆ Attaching the report or attendance card given to you by police;
- ◆ Taking your vehicle to a repairer for a quotation (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;

**If you require any help in completing this form, please contact us on 1300 655 001**

**IF THERE IS INSUFFICIENT SPACE FOR ANSWERS PLEASE ATTACH FURTHER DETAILS.**

### Owner's Details

Organisation or Company name

Title

Surname

Given name/s

Address



Postcode

Phone: Work

Home

Mobile

Fax

Email

Date of Birth

Contact person name

Phone

Email

## Policy Details

Policy number/reference number

Renewal date

 /  / 

## 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.)

Model (e.g. Commodore, Falcon, Corolla)

Type of body (e.g. sedan, station wagon, bus, 4 wheel drive)

Registration number

Registration expiry date

 /  / 

Is vehicle subject to finance? (mortgage/bill of sale/hire purchase/lease)

Yes  No

If Yes, please give details

Name

Branch

Phone (if known)

## Driver's Details

Title

Surname

Given name/s

Address

Postcode

Phone: Work  Home  Mobile  Fax

Email

Date of Birth  /  /

Licence number

How long have you had your licence?

Years  Months

Is it a Probationary Licence?  Yes  No

Have you ever been convicted of an offence in connection with a motor vehicle?  Yes  No

If yes, please give details

Have you ever had your Licence suspended or cancelled?  Yes  No

If yes, please give details

## Police Report

Did the Police attend the scene of the accident?  Yes  No

Did the Police take a breath or blood sample from you?  Yes  No

Was the incident reported to the Police?  Yes  No

Date reported  /  /    Time  am/pm

Police officer's name

Police station  Phone

Has any Police action been taken or threatened in relation to this accident?  Yes  No

If Yes, what is the charge?

Who is the person being charged?

## Accident Details

When did the accident happen?  /  /    Time  am/pm




### 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.


### Vehicle Damage


Please mark the damaged areas of the vehicle with an X


Who do you think was responsible for the accident? Why?


**Your Vehicle**  


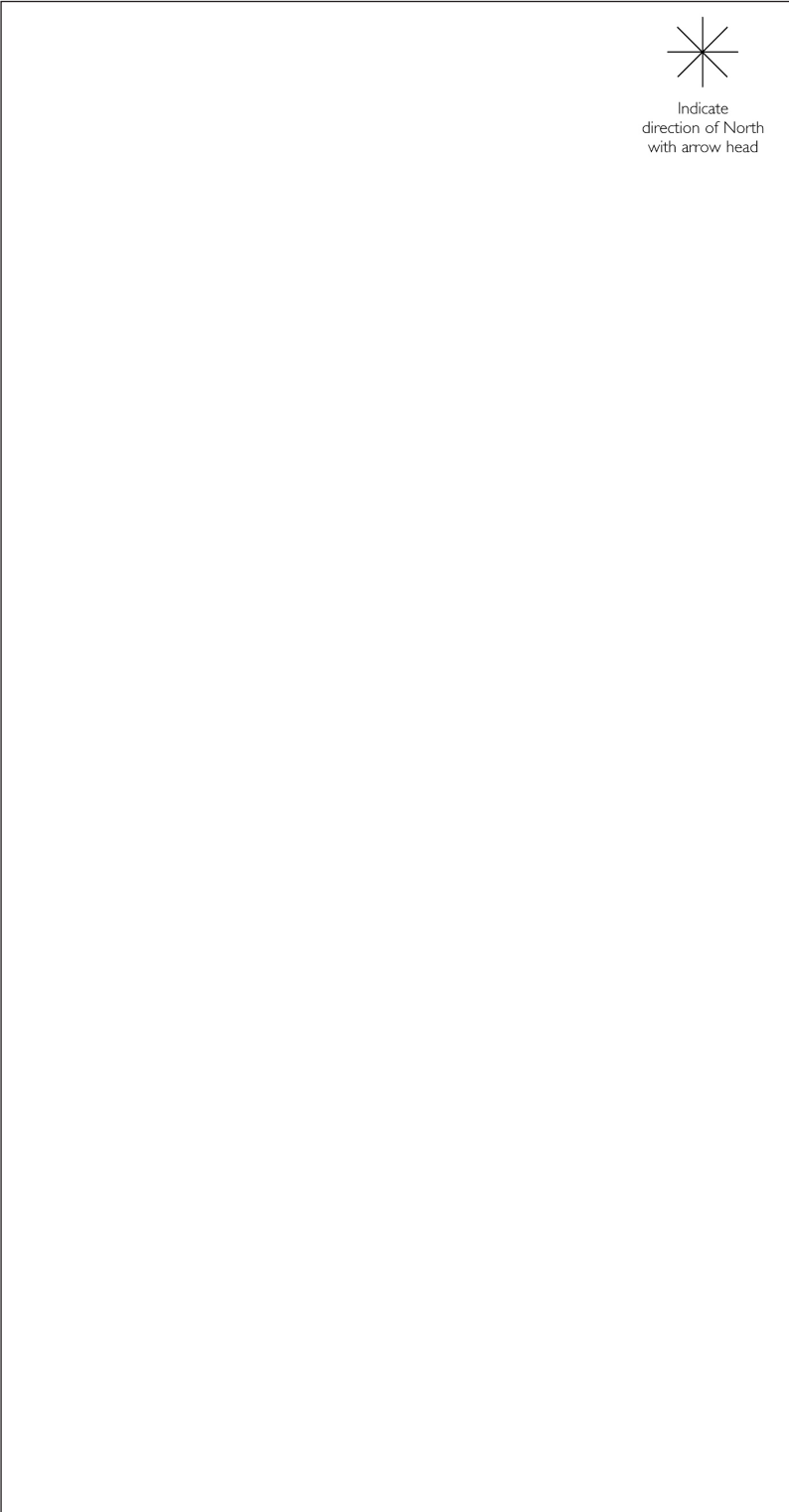
**Other Vehicles**  



Street Intersection 

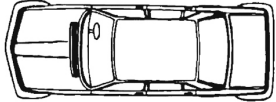
Curved Street 

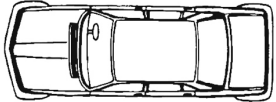
Direction of travel shown by arrow 

Indicate traffic control signs eg. STOP Sign 



Indicate direction of North with arrow head 

**Your Vehicle**  


**Other Vehicle**  


## Details of the other party in accident (third party)

### Driver 1

Title Surname Given name/s

Address

Postcode

Phone: Work Home Mobile

Make of vehicle Registration number

### Driver 2

Title Surname Given name/s

Address

Postcode

Phone: Work Home Mobile

Make of vehicle Registration number

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

### Owner 1

Title Surname Given name/s

Address

Postcode

Insurer Policy number

### Owner 2

Title Surname Given name/s

Address

Postcode

Insurer Policy number

## Property Damaged

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

Title	Surname	Given name/s
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

  
 Postcode 

Phone: Work	Home	Mobile	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of damage

Estimated repair cost

\$

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

## Independent Witness/es (other than passengers)

Were there any witnesses?  Yes  No

### Witness 1

Title	Surname	Given name/s
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

  
 Postcode 

Phone: Work	Home	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Witness 2

Title	Surname	Given name/s
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

  
 Postcode 

Phone: Work	Home	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

## Payment

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If you would like the claims settlement to be paid via EFT into your account, please complete your details below:

Account name

Bank

Branch

BSB number

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Account number

## Privacy

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We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information. Our Privacy Policy explains how we collect, use, disclose and handle your personal information as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs. A copy of our Privacy Policy is located on our website at [www.ccinsurance.org.au](http://www.ccinsurance.org.au)

## General Insurance Code of Practice

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CCI is a signatory to the General Insurance Code of Practice. The Code is designed to set minimum standards of practice and service in the insurance industry. Further information about the Code can be obtained from [www.codeofpractice.com.au](http://www.codeofpractice.com.au)

## Complaints and Dispute Resolution

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If you are unhappy with our service, a decision or the process, you may make a complaint in accordance with our complaints handling procedure. Details of our insurance complaints handling procedure can be obtained from our website at [www.ccinsurance.org.au](http://www.ccinsurance.org.au)



## 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 Insurance 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 Insurance Limited may not be able to process my claim;
- ◆ I consent to Catholic Church Insurance 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 Insurance Limited also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Insured's signature

Date (dd/mm/yyyy)

 /  / 

Please print name

Drivers' signature

Date (dd/mm/yyyy)

 /  / 

Please print name

Fleet manager's signature (if applicable)

Date (dd/mm/yyyy)

 /  / 

Please print name

**Upon completion of the claim form please return to:**

GPO Box 180 Melbourne 3001  
or via email to [claims@ccinsurance.org.au](mailto:claims@ccinsurance.org.au)

### How to Contact Us

Mail Catholic Church Insurance Limited  
GPO Box 180 Melbourne 3001  
Email [claims@ccinsurance.org.au](mailto:claims@ccinsurance.org.au)  
Website [www.ccinsurance.org.au](http://www.ccinsurance.org.au)  
Telephone 1300 655 001  
Facsimile 03 9934 3468

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