

MOTOR VEHICLE THEFT 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	
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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														

RENTAL VEHICLE DETAILS (CONTINUED)

Have any accessories been added or modifications made since the vehicle was purchased? NO YES, give details

GIVE DETAILS AND ATTACH RECEIPTS

Description	Purchase Price	Price Paid
	\$	\$
	\$	\$
	\$	\$
	\$	\$

RENTER & CUSTODIAN DETAILS

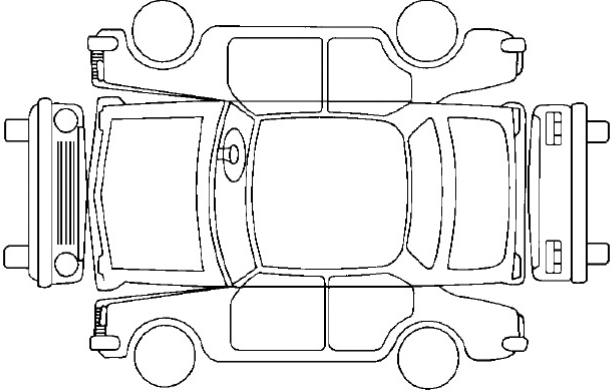
Company Name (if applicable)							
Is the renter self insured? <input type="checkbox"/> NO <input type="checkbox"/> YES, give details							
Address				State		Postcode	
Contact Numbers	Business	()	Email				
	Facsimile	()	Mobile				
Details of person who left the vehicle at this location				Relationship to Renter			
Full Name (Block Letters)	Surname			Given Name(s)			
Address				State		Postcode	
Contact Numbers	Business	()	Email				
	Facsimile	()	Mobile				
Licence Number			Expiry	/	/	DOB	/ /

DETAILS OF THEFT

Day and date of theft		/	/
At what time and date was the vehicle left parked?		am/pm	/ /
From where was your vehicle taken?			
	State		Postcode
Why was your vehicle left there?			
Was the vehicle locked? <input type="checkbox"/> NO <input type="checkbox"/> YES	Was a burglar alarm or security device fitted? <input type="checkbox"/> NO <input type="checkbox"/> YES		
Was any other protective device fitted? <input type="checkbox"/> NO <input type="checkbox"/> YES	Was it activated? <input type="checkbox"/> NO <input type="checkbox"/> YES		
Who reported the theft to the police?			
Full Name (Block Letters)	Surname	Given Name(s)	
Address			
	State		Postcode
Contact Numbers	Phone ()	Mobile	Email
Name of Police Officer			Station
Report Number			
Date and Time of Report	/ /	am/pm	(Please attach a copy of the Police Report)

DETAILS OF OTHER PEOPLE WHO WERE WITH THE PERSON IN CHARGE OF THE VEHICLE AT THE TIME OF THEFT

Full Name (Block Letters)	Surname	Given Name(s)	
Address			
	State		Postcode
Contact Numbers	Phone	Mobile	
Email			
Full Name (Block Letters)	Surname	Given Name(s)	
Address			
	State		Postcode
Contact Numbers	Phone	Mobile	
Email			
Please describe in detail the events leading up to and following the theft.			
How did you get home after the theft?			

DETAILS OF RECOVERY			
Date recovered	/ /	Time recovered	am/pm
Date notified of recovery	/ /	Time notified	am/pm
Location of vehicle when first found			
Nearest cross street			
Where is the vehicle now?			
IF THE VEHICLE IS IN BUSH LAND PLEASE ATTACH DETAILED DIAGRAM.			
Name of person or police officer who found the vehicle			
	Telephone	()	
Was anybody charged with the theft? <input type="checkbox"/> NO <input type="checkbox"/> YES, give details			
Full Name (Block Letters)	Surname	Given Name(s)	
Address			
	State	Postcode	
Have you seen the vehicle since being recovered? <input type="checkbox"/> NO <input type="checkbox"/> YES			
Please state the type of damage: <input type="checkbox"/> Burnt <input type="checkbox"/> Impact <input type="checkbox"/> Stripped			
Shade areas of damage being claimed			
	Shade Damage		
Has the vehicle been towed? <input type="checkbox"/> NO <input type="checkbox"/> YES, give details			
Name of the Towing Company	Telephone		()

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.

1. I/We understand the claim may be refused if the information is not true or is withheld.
2. 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.