

Motor Vehicle Accident Claim Form

Claim Number _____
(office use only)

Policy Details

Policy number/reference number

Renewal date

 / /

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

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 Number of seats

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

Accident Details

When did the accident happen?

 / /

Time

 am/pm

What was the exact location of the accident?

Postcode

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.

Vehicle Damage

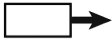
Please mark the damaged areas of the vehicle with an X

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


Your Vehicle




Other Vehicles




Street Intersection




Curved Street




Direction of travel shown by arrow



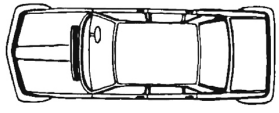
Indicate traffic control signs eg. STOP Sign



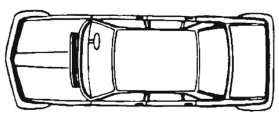


Indicate direction of North with arrow head

Your Vehicle



Other Vehicle



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?

Details of the other party in accident (third party)

Driver/Owner 1

Title

Surname

Given name/s

Address

Postcode

Phone: Work

Home

Mobile

Make of vehicle

Registration number

Driver/Owner 2

Title

Surname

Given name/s

Address

Postcode

Phone: Work

Home

Mobile

Make of vehicle

Registration number

Property Damaged

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

Title Surname Given name/s

Address
 Postcode

Phone: Work Home Mobile Fax

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

Address
 Postcode

Phone: Work Home Mobile

Witness 2

Title Surname Given name/s

Address
 Postcode

Phone: Work Home Mobile

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

Payment

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

 -

Account number

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

How to make a complaint

If you are unhappy with our 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 or by requesting a copy directly from us (see contact details below).

You can lodge a complaint by the following methods:

Website: <http://www.ccinsurance.org.au/complaints>
Mail: Catholic Church Insurance Limited
GPO Box 180, Melbourne Vic 3001
Tel: 1300 655 001, between 8:30am and 5:30pm, Monday to Friday, (03) 9934 3000
Facsimile: (03) 9934 3464

If you are not satisfied with the response you receive from us or are not satisfied with the process when dealing with us you can contact the Australian Financial Complaints Authority (AFCA).

AFCA is a recognised external dispute resolution scheme, and subject to its Terms of Reference, FOS may receive and handle your complaint.

You may contact AFCA using the contact details below:

Mail: Australian Financial Complaints Authority (AFCA)
GPO Box 3, Melbourne Vic 3001
Tel: 1800 931 678
Email: info@afca.org.au
Website: www.afca.org.au

How to Make a Privacy Complaint

Direct marketing and your privacy

Information on how CCI may collect, hold, use or disclose your personal information is set out in our privacy policy, accessible on www.ccinsurance.org.au/privacy

Accessing your personal information or making a privacy complaint

To access or correct your personal information please advise a member of our staff directly, or by writing to us, calling us or via our websites www.ccinsurance.org.au and www.cciassetmanagement.org.au

If you have a concern, or wish to make a privacy complaint, please contact our Privacy Officer using the contact details below. If you make a privacy complaint, we will respond to your complaint within 30 days. We will not charge you for making or investigating your privacy complaint.

How to contact us

visit our websites: www.ccinsurance.org.au
www.cciassetmanagement.org.au
email: privacy@ccinsurance.org.au
write to us: Privacy Officer,
Catholic Church Insurance,
GPO Box 180 Melbourne Vic 3001
call us: 1300 655 001, between 8:30am and 5:30pm, Monday to Friday,

If you are not satisfied with the response you receive from us, or require further general information about your privacy rights, you may refer your complaint to the Privacy Commissioner at the Office of the Australian Information Commissioner by using the contact details below:

in writing: Office of the Australian Information Commissioner,
GPO Box 5218 Sydney NSW 2001
email: enquiries@oaic.gov.au
call their Privacy Hotline: 1300 363 992 (local call cost)
visit their website: www.oaic.gov.au

How to Contact Us

Mail Catholic Church Insurance Limited
GPO Box 180 Melbourne 3001

Email claims@ccinsurance.org.au

Website www.ccinsurance.org.au

Telephone 1300 655 001

Facsimile 03 9934 3468

Catholic Church Insurance Limited ABN 76 000 005 210 AFSL no. 235415