

heavy vehicle claim form



Lumley General Insurance Limited, ABN 24 000 036 279, Lumley House Level 9, 309 Kent Street, Sydney 2000 Ph: (02) 9248 1111 Fax: (02) 9248 1122

The issue or acceptance of this form is not to be construed as an admission of liability by Lumley General Insurance. Please complete all questions to prevent processing delays.

1. Your Details

Policy No.

Name of insured

Name of registered owner

Contact name

Residential address

Postcode

Phone number (w)

Phone number (h)

Mobile

Occupation

Was the vehicle being used with your knowledge and consent?

No Yes

2. Vehicle Details

Make

Model

Type

Year

Tare weight

kg

Registration number

Expiry date (dd/mm/yyyy)

VIN/Engine number

When was vehicle purchased (dd/mm/yyyy)

Purchase Price

If the vehicle is subject to a finance agreement, what is the name of the finance company

Contract number

Is a speed monitoring device fitted? No Yes Is a speed limiter fitted? No Yes

What is the maximum speed?

km/hr

Date of last service (dd/mm/yyyy)

Is the vehicle serviced regularly? No Yes

Lumley General Insurance Limited

NSW Lumley House, Level 9, 309 Kent Street, Sydney 2000
Suite 19, 50 Glebe Road, The Junction 2291
VIC Level 3, 99 King Street, Melbourne 3000
ACT Level 4, Perpetual Building, 10 Rudd Street, Canberra City 2601
TAS 27 Paterson Street, Launceston 7250
SA 465 Pulteney Street, Adelaide 5000
WA 50 St George's Terrace, Perth 6000
QLD Level 2, 99 Melbourne Street, South Brisbane 4101
Level 5, Northtown Tower, Flinders Mall, Townsville 4810
NT Level 2, Beagle House, 38 Mitchell Street, Darwin 0800

Phone (02) 9248 1111 Fax (02) 9248 1122
Phone (02) 4925 7500 Fax (02) 4940 0295
Phone (03) 8627 4333 Fax (03) 8627 4312
Phone (02) 6279 0333 Fax (02) 6279 0330
Phone (03) 6345 4700 Fax (03) 6345 4711
Phone (08) 8228 1700 Fax (08) 8228 1777
Phone (08) 9220 8222 Fax (08) 9220 8251
Phone (07) 3307 4800 Fax (07) 3307 4899
Phone (07) 4722 6000 Fax (07) 4724 4398
Phone (08) 8946 4600 Fax (08) 8946 4666

3. Trailer Details

Type
Flat Top Van Tipper Other

Make Year Registration number

Serial number Tare weight kg

What was the vehicle carrying? Weight of load kg

Departure point for this trip

Anticipated destination for this trip

Your normal operating radius km

4. Driver Details

Driver name

Relationship of driver to you

Driver date of birth (dd/mm/yyyy) Licence number Expiry date (dd/mm/yyyy)

State of issue Years licenced in Australia Years driving experience in this class of vehicle

Has the driver (within the last five years) had any insurance or drivers licence declined, cancelled, endorsed or suspended or had any special conditions imposed? No Yes If yes, give details

Has the driver ever been charged or convicted of any driving or criminal offence? No Yes If yes, give details

Has the driver ever had an accident or made a claim under a Motor Vehicle Policy in the last five years?

No **Go to 5**

Yes

Date (dd/mm/yyyy) <input type="text"/>	Date (dd/mm/yyyy) <input type="text"/>
Insurance company <input type="text"/>	Insurance company <input type="text"/>
Details <input type="text"/>	Details <input type="text"/>
Amount <input type="text"/>	Amount <input type="text"/>
\$	\$

5. Description of Incident

Date (dd/mm/yyyy)

Time

Where did the incident occur?

Postcode

For what purpose was the vehicle being used at the time of the incident?

State fully and clearly how the incident happened. If your vehicle was stolen, give full details of the theft

6. Theft details

Are you claiming for the theft of a vehicle?

No

Yes **Go to 10**

7. Accident details

Are you claiming for the theft of a vehicle?

No **Go to 10**

Yes

Weather at time of accident

Width of road at time of accident

1 lane 2 lanes 4 lanes

Other

The condition of the roadway

Wet Dry Rough

Other

At the time of the accident the vehicle was

Parked Moving

Estimate speed of your vehicle at time of impact

 km/hour

Estimate speed of your vehicle 25 metres before impact

 km/hour

On what side of the road was your vehicle travelling?

Had the driver consumed any intoxicating liquor or taken any drugs during the 12 hours prior to the incident? if yes, list quantity and type

No Yes

Was the driver required to undergo a breath or blood test?

No Yes

If yes, state result

If the accident occurred after dusk, were your headlights on?

No Yes

Was a horn sounded or any other warning given?

No Yes

if yes, by whom

What was the condition of the brakes of your vehicle?

Were headlights alight on the other vehicle?

No Yes

Was a trailer attached to your vehicle at the time of the accident?

No Yes

8. Damage to your vehicle

Was your vehicle damaged?

No **Go to 9**

Yes

Was your vehicle towed from the scene of the accident?

No Can your vehicle be safely driven?

No Yes

Yes

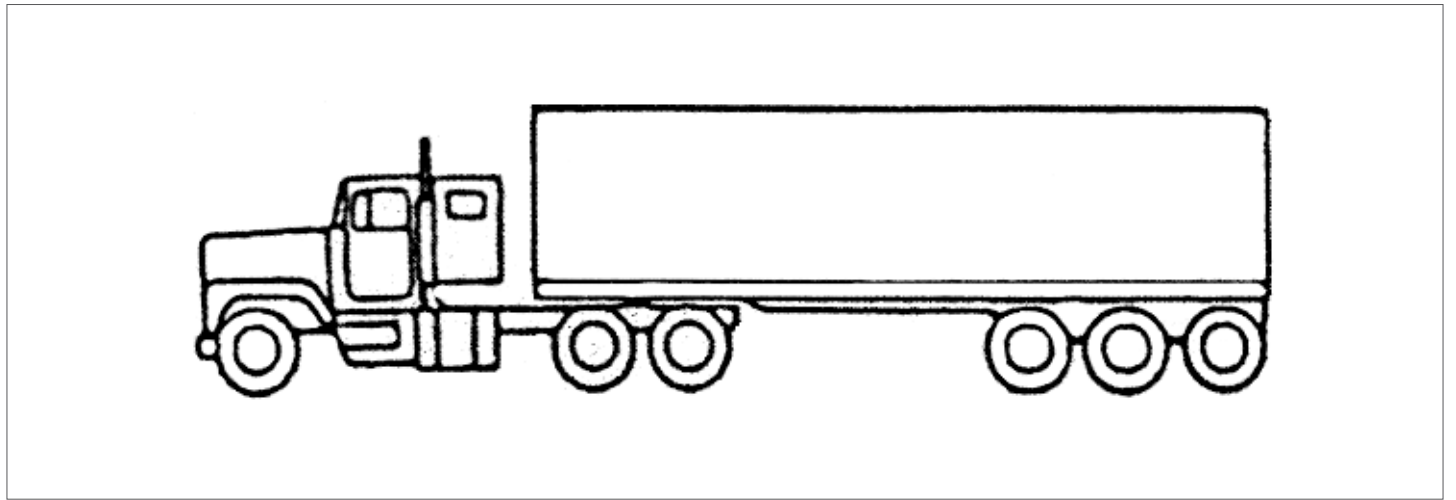
Where is your vehicle now?

Name of company vehicle towed by

Towing costs (*attach original invoices*)

\$

Please shade in damage to insured vehicle (*related to this accident*)



9. Other Vehicles

Were any other vehicles involved in the accident?

No **Go to 10**

Yes

Who do you consider responsible for the accident?

Why?

Did either party admit liability?

No Yes

Did either party make an offer of payment?

No Yes

Has any demand for damage been made against you?

No Yes

State the other vehicle owner's name

Driver's name (*if different to above*)

Residential address

Postcode

Driver's licence number	Driver's approximate age	
<input type="text"/>	<input type="text"/> years	
Telephone (H)	Telephone (W)	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of insurers of other vehicle (if known)		
<input type="text"/>		
Policy number (if known)		
<input type="text"/>		
Make/model of vehicle	Year	
<input type="text"/>	<input type="text"/>	
Registration number	Colour	
<input type="text"/>	<input type="text"/>	
Nature of damage to third party		
<input type="text"/>		

10. Police

Did a police officer attend the incident or was the incident reported at a police station?

No

Yes

If yes, state the officer's name

Time incident reported at police station	Date (dd/mmm/yyyy)	Police station
<input type="text"/> am/pm	<input type="text"/>	<input type="text"/>

Did police lay any charges against a driver or indicate that action may be taken?

No **Go to 10**

Yes

Name of driver charged	Nature of charge
<input type="text"/>	<input type="text"/>

11. Witnesses

Name

Address	Postcode
<input type="text"/>	<input type="text"/>

Phone number (w)	Phone number (h)	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name

Address	Postcode
<input type="text"/>	<input type="text"/>

Phone number (w)	Phone number (h)	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name

Address	Postcode
<input type="text"/>	<input type="text"/>

Phone number (w)	Phone number (h)	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Sketch of Incident

Complete the sketch below. If necessary, alter the plans to suit your particular incident.

Remember to include:

- Centre of roadway
- Location and nature of traffic control signs
- Location of your vehicle
- Locations of other vehicles
- Direction of vehicles
- Point of impact (*indicate with an 'x'*)

Indicate north

13. Privacy Statement and Declaration

This information will be treated with confidentiality and will only be released as per the requirements of the General Insurance Information Privacy Principles. We collect and store the information for the sole purpose of maintaining your insurance details. If you require any further information, please contact your local Lumley state office.

This information is to the very best of my knowledge and belief, true in every respect.

Signature of driver

Dated (dd/mm/yyyy)

Signature of authorised manager

Dated (dd/mm/yyyy)