



**RENTSURE**

**RENTSURE PTY LIMITED**

ABN 98 059 004 634  
ACN 059 004 634

LEVEL 3  
345 PACIFIC HIGHWAY  
NORTH SYDNEY NSW 2060  
PO BOX 1670  
NORTH SYDNEY NSW 2059

SPECIALISED MOTOR  
VEHICLE COVER AND  
RISK MANAGEMENT FOR  
THE CAR RENTAL INDUSTRY

TEL: (02) 9460 2200  
FAX: (02) 9460 1800  
EMAIL: mgr@rentsure.com.au  
OUTSIDE SYDNEY AREA:  
(1800) 355 646

## HEAVY VEHICLE CLAIM FORM

### If the vehicle is drivable:

Obtain a quotation from a repairer of your choice, and book your vehicle in to be repaired at a time convenient to yourself and the repairer. Contact Rentsure and arrange an assessment for the day on which the vehicle is booked in. Where possible, leave a copy of the Claim Form with the repairer prior to being assessed.

### If there is no damage to your vehicle:

Complete your claim form, and email or fax it (with any correspondence received from the other party) to Rentsure.

### 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.

## SECTION 1 – THE RENTER

Name of Renter: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Was the vehicle being used with your knowledge or consent?  Yes  No

Have you or your Company (within the last five years) had any insurance declined, cancelled, endorsed or suspended or had any special conditions imposed?   
Yes  No

If Yes, please provide details: \_\_\_\_\_

\_\_\_\_\_



## SECTION 2 – THE RENTAL VEHICLE

<b>Year:</b> _____	<b>Make:</b> _____	<b>Model/Type:</b> _____
<b>Tare Weight:</b> _____ kg	<b>Registration Number:</b> _____	
<b>Expiry Date:</b> _____	<b>Vin/Engine Number:</b> _____	

## SECTION 3 – TRAILER

<b>Type:</b>	<input type="checkbox"/> Flat Top	<input type="checkbox"/> Van	<input type="checkbox"/> Tipper	<input type="checkbox"/> Other _____
<b>Year:</b> _____	<b>Make:</b> _____	<b>Tare Weight:</b> _____ kg		
<b>Registration Number:</b> _____		<b>Serial Number:</b> _____		
<b>What was the vehicle carrying?</b>	_____			
<b>Weight of load:</b>	_____ kg			
<b>Departure point for this trip:</b>	_____			
<b>Anticipated destination for this trip:</b>	_____			
<b>Your normal operating radius:</b>	_____ km			



## SECTION 4 – THE DRIVER

**Name:** \_\_\_\_\_

**Relationship of driver to you:** \_\_\_\_\_

**Driver Date of Birth:** \_\_\_\_\_ **Licence Number:** \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_

**Years licensed in Australia:** \_\_\_\_\_

**Years driving experience in this class of vehicle?** \_\_\_\_\_

**Has the driver (within the last five years) had any insurance or renewal of insurance or drivers licence declined, cancelled, endorsed or suspended or had any special conditions imposed?**  **Yes**  **No**

**If Yes, please provide details:** \_\_\_\_\_

\_\_\_\_\_

**Has the driver ever been charged or convicted of any driving or criminal offence?**  
 **Yes**  **No**

**If Yes, please provide details:** \_\_\_\_\_

\_\_\_\_\_

**Has the driver ever had an accident or made a claim under a Motor Vehicle Policy in the last five years?**  **Yes**  **No (Go to Section 5)**

**If Yes, please provide details:**

<b>Date</b>	<b>Insurance Company</b>	<b>Details</b>	<b>Amount</b>
			\$
			\$



## SECTION 5 – DESCRIPTION OF INCIDENT

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ am/pm

**Where did the incident occur?** \_\_\_\_\_

**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 theft:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION 6 – THEFT

**Are you claiming for the theft of a vehicle?**  **Yes (Go to Section 10)**  **No**

## SECTION 7 – ACCIDENT DETAILS

**Are you claiming for an accident?**  **Yes**  **No (Go to Section 10)**

**Describe the weather at the time of the accident?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## SECTION 7 – CONTINUED

**Width of road at place 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

**Estimated speed of your vehicle at the time of impact?:** \_\_\_\_\_ km/hr

**Estimated speed of your vehicle 25 metres before impact?** \_\_\_\_\_ km/hr

**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 accident?**       Yes       No

**If Yes, list Quantity and Type:** \_\_\_\_\_

**Was the driver required to undergo a breath or blood test?**       Yes       No

**If Yes, state result:** \_\_\_\_\_

**If the accident occurred after dusk, were your headlights on?**       Yes       No

**Was a horn sounded or any other warning given?**       Yes       No

**If Yes, by whom?** \_\_\_\_\_

**What was the condition of the brakes of your vehicle?** \_\_\_\_\_

**Were headlights alight on the other vehicle?**       Yes       No

**Was a trailer attached to your vehicle at the time of accident?**       Yes       No



## SECTION 8 – DAMAGE TO YOUR VEHICLE

Was your vehicle damaged?  Yes  No (Go to Section 9)

Was your vehicle towed from the scene of the accident?  Yes  No

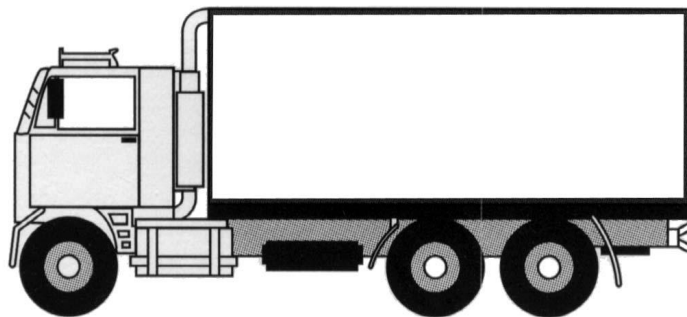
Can your vehicle be safely driven?  Yes  No

Where is your vehicle now? \_\_\_\_\_

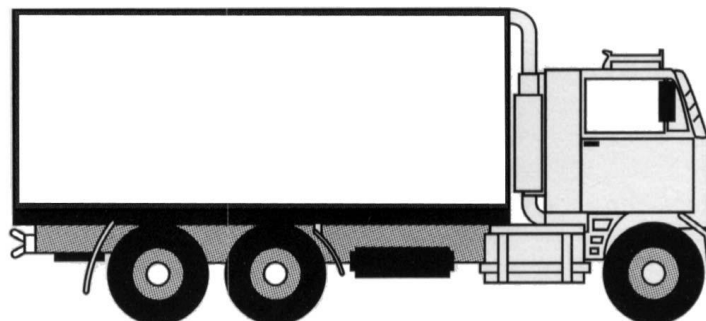
Name of company vehicle towed by? \_\_\_\_\_

Towing costs? (Attach original invoices) \$ \_\_\_\_\_

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



**RIGHT HAND VIEW**



**LEFT HAND VIEW**



## SECTION 9 – OTHER VEHICLES

Were any other vehicles involved in the accident?  Yes  No (Go to Section 10)

If Yes, Who do you consider responsible for the accident and why?

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Did either party admit liability?  Yes  No

Did either party make an offer of payment?  Yes  No

Has any demand for damage been made against you?  Yes  No

State other vehicle owner's name: \_\_\_\_\_

Driver's Name (if different to above): \_\_\_\_\_

Driver's Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Drivers Licence Number: \_\_\_\_\_

Name of Insurer: \_\_\_\_\_

Policy Number (if known): \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Colour: \_\_\_\_\_

Nature of damage to third party: \_\_\_\_\_

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## SECTION 10 – POLICE INVOLVEMENT

Did a Police Officer attend the incident or was the incident reported at a police station?  Yes  No

If Yes, state officers name? \_\_\_\_\_

Time incident reported at police station: \_\_\_\_\_ am/pm Date: \_\_\_\_\_

Police Station: \_\_\_\_\_

Did Police lay any charges against a driver or indicate that action may be taken?  Yes  No (Go to Section 11)

If Yes, provide details of driver charged and nature of charge:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION 11 – WITNESSES

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Postcode: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Private \_\_\_\_\_ Business

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Postcode: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Private \_\_\_\_\_ Business

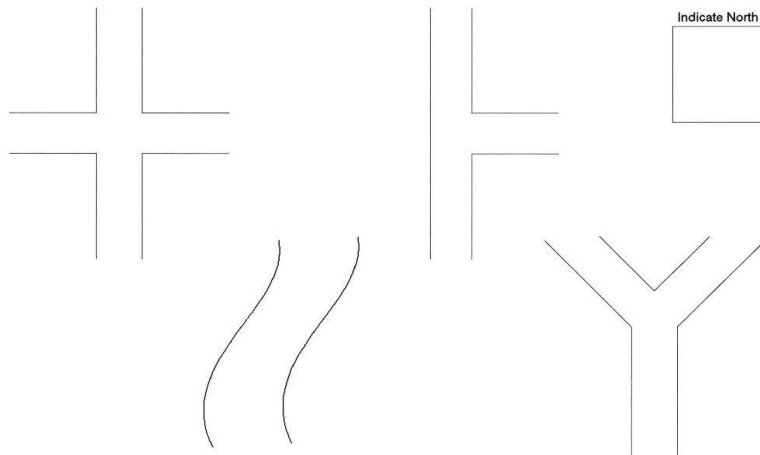


## SECTION 12 – SKETCH OF INCIDENT

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

**Remember to include:**

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



## SECTION 13 - DECLARATION

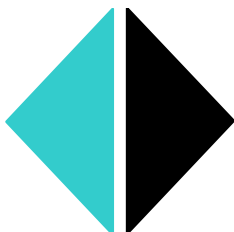
This information is, to the very best of my knowledge, true in every respect.

Signature of driver: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Authorised Manager or Renter: \_\_\_\_\_

Date: \_\_\_\_\_



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## SECTION 14 – THE RENTAL VEHICLE

### TO BE COMPLETED BY THE RENTAL VEHICLE COMPANY

Registration Expiry Date: \_\_\_\_\_

Vin/Engine Number: \_\_\_\_\_

When was the vehicle purchased: \_\_\_\_\_ 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?  Yes  No

Is a speed limiter fitted?  Yes  No

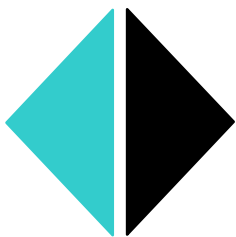
What is the maximum speed? \_\_\_\_\_ km/hr

Is the vehicle serviced regularly?  Yes  No

Date of last service: \_\_\_\_\_

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

Signature of owner: \_\_\_\_\_ Date: \_\_\_\_\_



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