



**RENTSURE**

**RENTSURE PTY LIMITED**

ABN 98 059 004 634

ACN 059 004 634

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NORTH SYDNEY NSW 2060  
PO BOX 1670  
NORTH SYDNEY NSW 2059

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

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FAX: (02) 9460 1800

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OUTSIDE SYDNEY AREA:

(1800) 355 646

## **MOTOR VEHICLE CLAIM FORM**

### **If the vehicle is drivable:**

**Obtain a quotation from either a Lumley Network Repairer or 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 you don't know where the nearest Lumley Network Repairer is located, just ring Rentsure or go to our website [www.rentsure.com.au](http://www.rentsure.com.au) for a complete listing.**

### **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.**

### **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, Insurance Enquires and Complaints Limited (IEC), provided the matter falls within their jurisdiction.**

**The Insurance Contracts Act 1984 (as amended) requires you to provide all information which Rentsure and Lumley may reasonably require, and stipulates that any omission may adversely affect the cover under your Policy.**

**If you would like more information on you Duty of Disclosure (or any other aspect), please contact your broker or Rentsure.**



## SECTION 1 - RENTER

**Renter/Company:** \_\_\_\_\_

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

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

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

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

### Goods and Services Tax

(a) **Australian Business Number (ABN), if applicable:**

(b) **Entitlement to an Input Tax Credit in respect of:**

(i) **Insurance premium** \_\_\_\_ %; and (ii) **vehicle which is the subject of this claim** \_\_\_\_%

## SECTION 2 – THE RENTAL VEHICLE

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

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

**Finance Company (if applicable):** \_\_\_\_\_

### Use of the vehicle at the time of the loss/damage:

- Private**       **Business**       **Loan Vehicle**       **Deliveries**  
 **Local Holiday**       **Interstate Holiday**       **Overseas Holiday**

### Vehicle Use description:

<b>Private:</b>	<b>Not used for business</b>
<b>Business:</b>	<b>Used in occupation employment</b>
<b>Deliveries:</b>	<b>Delivery of products, food, parts, etc</b>

## SECTION 3 – TYPE OF CLAIM

- Collision (Go to Section 4)**       **Theft (Go to Section 6)**  
 **Hail/Flood/Fire (Go to Section 8)**



## SECTION 4 – THE DRIVER

**Principal/Business Proprietor/Insured**     **Staff**     **Renter**     **Other**

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

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

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

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

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

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

**Class:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Driving Experience (years):** \_\_\_\_\_

**Has the driver attended a company sponsored driver-training course within the last two years?**

**Yes**     **No**

**Did the driver consume any alcohol or take any drugs within the 12 hours prior to the collision?**

**Yes**     **No**

**If Yes, please state how much and when:** \_\_\_\_\_

**Was the driver sober at the time of the collision?**     **Yes**     **No**

**Did the driver undergo a breath or blood test?**     **Yes**     **No**

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

\_\_\_\_\_

\_\_\_\_\_



## SECTION 5 – THE OTHER VEHICLE

**Driver's Name:** \_\_\_\_\_

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

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

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

**Driver's Telephone No.:** \_\_\_\_\_

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

**Registered Owner:** \_\_\_\_\_

**Owner's Address:** \_\_\_\_\_

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

**Owner's Telephone No.:** \_\_\_\_\_

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

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

**Insurance Company:** \_\_\_\_\_

**Area of damage to the other vehicle:** \_\_\_\_\_

**Estimated cost of damage:** \_\_\_\_\_

## SECTION 6 – WITNESS TO THE COLLISION/THEFT

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

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

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

**Telephone No.:** \_\_\_\_\_ **Age:** \_\_\_\_\_



## SECTION 7 – POLICE INVOLVEMENT

**Did the Police attend the collision/theft scene?**        **Yes**        **No**

**If No, was the incident reported to the Police?**        **Yes**        **No**

**If Yes, which Police Station?**    \_\_\_\_\_

**Who do the Police consider was at fault?**    \_\_\_\_\_

## SECTION 8 – DETAILS OF THE LOSS/DAMAGE

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

**Where did the loss/damage occur?**

\_\_\_\_\_

\_\_\_\_\_

**Who do you consider responsible for the loss/damage, and why?**

\_\_\_\_\_

\_\_\_\_\_

**Describe the weather at the time of the loss/damage?**

\_\_\_\_\_

\_\_\_\_\_

**What speed were the vehicles traveling at the time of the loss/damage occurring?**

**Your vehicle:** \_\_\_\_\_    **Other vehicle:** \_\_\_\_\_

**What was the road surface?**     **Sealed**     **Unsealed**

**Describe how the loss/damage occurred?**

\_\_\_\_\_

\_\_\_\_\_

**Was there any damage to your vehicle prior to the loss/damage occurring?**

**Yes**     **No**

**If Yes, please provide details:**

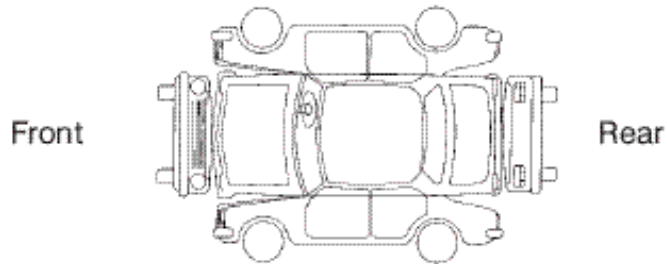
\_\_\_\_\_

\_\_\_\_\_



## SECTION 8 CONTINUED

Please indicate on the diagram below, the area of damage to your vehicle:



If your vehicle was damaged in a collision, please draw a diagram of the incident.

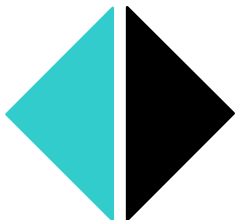
**LEGEND**  
• Stop Sign  
× Traffic Lights  
▽ Give Way

## SECTION 9 - 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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