

Motor Vehicle Accident Claim Form

How to get quick action on your claim

Catholic Church Insurances Limited will act on your claim as soon as we receive this form. You can help us to act quickly for you by:-
If your vehicle is drivable taking it to a repairer recommended by us; Completing all sections of this claim form; Attaching repairer's quotations; Taking all reasonable steps to safeguard your vehicle so that no further damage occurs; Either posting or taking the completed claim form and originals of all supporting documentation to Catholic Church Insurances Limited. If you need any help in completing this form contact us on our freecall number 1300 655 001 or at the nearest office.

Owners details

Surname (Mr/Mrs/Ms/Sr/Fr)	Given names
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
<input type="text"/>	Postcode <input type="text"/>
Phone <input type="text"/>	Business <input type="text"/>
Fax <input type="text"/>	Mobile <input type="text"/>
Occupation <input type="text"/>	Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>

Policy details

Policy no.	<input type="text"/>
Renewal date	<input type="text"/> / <input type="text"/> / <input type="text"/>

Policy excess

Your policy is subject to an excess of
(This excess amount will be deducted from the amount you are claiming)

Vehicle details

Year of manufacture	<input type="text"/>	Make of Vehicle (eg. Holden, Ford, Toyota.)	<input type="text"/>
Model (eg. commodore, falcon, corolla.)	<input type="text"/>	Type of Body (eg. sedan, station wagon, bus, 4 wheel drive.)	<input type="text"/>
Registration Number	<input type="text"/>	Registration Expiry Date	<input type="text"/>

Drivers details

Surname (Mr/Mrs/Ms/Sr/Fr)	Given names	
<input type="text"/>	<input type="text"/>	
Address		
<input type="text"/>		
<input type="text"/>	Postcode <input type="text"/>	
Telephone: Work <input type="text"/>	Home <input type="text"/>	Facsimile <input type="text"/>
Occupation <input type="text"/>	Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>	
Licence Number <input type="text"/>	Is it a Probationary Licence? YES <input type="checkbox"/> NO <input type="checkbox"/>	

How long have you had your Licence? years months

Did the Police take a breath or blood sample from you? YES NO

If yes, what was the reading? (Please attach blood/breathalyser certificate.)

Have you ever been convicted of an offence in connection with a Motor Vehicle? YES NO

If Yes, please give details:

Have you ever had your Licence suspended or cancelled? YES NO

If Yes, please give details:

Police report

Did the Police attend the scene of the accident? YES NO

If No, was the accident reported to the Police? YES NO

Date reported / / Time am/pm Police Officer's name

Police Station Telephone No

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?

Accident details

When did the accident happen? Date: / / Time: am/pm

What was the exact location of the accident? Street/Road:

Suburb/Town:

Was your vehicle on the correct side of the road? YES NO

What were the weather conditions? Wet Dry Foggy Sunny Overcast

What were the road conditions? Gravel Bitumen Rough Roadworks

At the time of the accident what was the speed of the vehicles? Your Vehicle: kph Other Vehicle: kph

Was the vehicle being used with the owner's permission? YES NO

If you did not have the owner's permission, please explain:

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.

Your vehicle



Other vehicles



Street intersection



Curved street




Direction of travel shown by arrow



Indicate traffic Control signs eg. STOP sign.



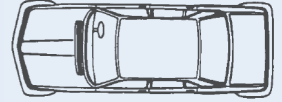


Indicate direction of North with arrow head

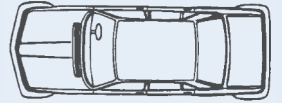
Vehicle damage

Please mark the damaged areas of the vehicles with an X

Your vehicle



Other vehicle



Who do you think was responsible for the accident?

Please tell us why:

Other vehicles involved

Driver 1

Surname

Given Names

Address

Telephone Home

Telephone Work

Make of vehicle

Registration number

If the driver was not the owner vehicle, please provide the details:

Owner 1

Surname

Given Names

Address

Driver 2

Home

Work

Owner 2

Property damaged

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

Owner's Surname (Mr/Mrs/Ms)

Given Names

Address

Postcode

Telephone Work

Home

Details of Damage

Estimated Repairs Costs

(Please attach any correspondence received by you from the owner of the damaged property.)

Witnesses – other than passengers

Were there any witnesses?

YES NO

If Yes, please tell us their details

Witness 1

Surname

Given Names

Address

Telephone Home

Telephone Work

Witness 2

Surname

Given Names

Address

Home

Work

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

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 grant permission to Catholic Church Insurances Limited to give and obtain any information to or from any other insurers or Insurance Reference Services.

Insured's Signature

Date

Driver's Signature

Date

General Insurance Code of Practice

The General Insurance Industry has developed a General Insurance Code of Practice for use by all insurers. Catholic Church Insurances has adopted and enthusiastically supports the Code because it:

- requires the provision of high standards of good practice and service
- requires the provision of more relevant and useful information to consumers
- promotes understanding of your rights and obligations under our insurance contracts
- promotes informed and effective relationships between consumers, insurers and agents
- provides a process for the resolution of disputes.

The Code sets out what we must do when dealing with you through all stages of our relationship. If you want more information about the Code please contact us or go to www.codeofpractice.com.au.

If we are unable to provide you with insurance cover, we will:

- give you reasons; and
- refer you to the Insurance Ombudsman Service for information about alternative insurance options.

If you are unhappy about our decision, you may make a complaint in accordance with our complaints handling procedures.

How to make a complaint

If our service fails to satisfy you we would like to hear from you.

Our commitment to you is that:

- all complaints will be dealt with fairly, transparently and in a timely manner
- we will acknowledge a verbal or written complaint within 5 business days
- our response will take no more than 15 business days.

Our complaints handling policy can be obtained from our website or by requesting a copy directly from us.

Your complaint will be handled by a person with the appropriate authority to deal with your complaint.

If you are not satisfied with our response, you may refer the complaint to our Internal Disputes Resolution Committee. This committee is a group of senior persons with the authority to make a final decision on behalf of the company.

Once your dispute has been through our Internal Disputes Resolution Committee and if you are still not satisfied you can refer your complaint to the Insurance Ombudsman Service Limited (IOS). Contact details for the IOS are as follows:

Insurance Ombudsman Services
PO Box 561
Collins Street West
Melbourne VIC 8007
Tel: 1300 780 808 (toll free)
Tel: 03 9613 6300
Fax: 03 9621 2060
Email: ios@insuranceombudsman.com.au
Website: www.insuranceombudsman.com.au

The IOS is an independent insurance review body. Please note that the IOS will not accept a complaint unless you have first tried to resolve the problem with us.

If you prefer, you may pursue other options that may be available to you, such as consumer tribunals or legal process.

Safeguarding your information – Privacy

Privacy Statement

Catholic Church Insurances has adopted the National Privacy Principles under the Privacy Act 1988. This supports our management philosophy promoting mutual trust, respect, equity and fair treatment.

Purpose of collection

We need to collect personal information about you which enables us to assess your application for new insurance, change your existing insurance, correct your details or determine a claim.

Use and disclosure

To assess a risk or process a claim we may disclose your personal information when necessary to others, including loss assessors, claims investigators, reinsurers, other insurance companies, financial institutions, government bodies, mail house service providers, hospitals, medical and health professionals, legal and other professional advisors. Where necessary we will always gain your consent.

From time to time we may offer you other insurance products apart from your original policy. If you do not wish to receive this information please advise us.

You may access, correct or update your personal information by contacting us at any time.

Failure to provide information

If you do not provide us with the requested personal information, we will not be able to consider your application or provide other insurance services.

If you have a Privacy issue, wish to obtain a copy of our Privacy Policy or make a complaint please contact us.

Upon completion of the claim form please return to:
GPO Box 180 Melbourne 3001

How to Contact Us

Mail Catholic Church Insurances Limited
GPO Box 180 Melbourne 3001
Email claims@ccinsurances.com.au
Website www.ccinsurances.com.au
Telephone 1300 655 001
Facsimile 03 9934 3468