

Important Notices

Instructions

- Please refer to the Product Disclosure Statement and Policy for details of coverage and general conditions applicable to claims.
- Please ensure that this Claim Form is completed for all Sections of the Policy which apply to your claim. Any question left unanswered or answered in an incomplete way may delay the processing of your claim.
- If there is insufficient space provided to fully answer any question, please attach an additional sheet of paper with the extra information as required.
- Please attach all supporting documentation.
- All attachments form part of this Claim Form and are subject to the Declaration.
- The acceptance of this Claim Form does not constitute an admission of liability by us or a waiver of our rights.

Privacy

Pen Underwriting handles your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about you to provide you with insurance and insurance related services. We may disclose your personal information to third parties for the purposes described in our Privacy Policy, including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United Kingdom and India. By asking us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure (including overseas disclosure) of your personal information for the purposes described in our Privacy Policy. Where you provide personal information about others, you represent to us that you have made them aware of that disclosure and of our Privacy Policy and that you have obtained their consent. If you do not consent to provide us with the personal information that we request, or withdraw your consent to the use and disclosure of your personal information at any stage, we may not be able to offer you the products or provide the services that you seek. For information about how to access and or correct the personal information we hold about you or if you have any concerns or complaints, ask us for a copy of our Privacy Policy or visit www.penunderwriting.com.au.

Complaints Handling

If you are dissatisfied with a decision Pen Underwriting makes, our service, the service of others we appoint to discuss insurance matters with you, or a claim settlement, we have an internal dispute resolution process to assist you. For further information, ask for a copy of our Complaints and Disputes Resolution Policy or visit www.penunderwriting.com.au.

General Insurance Code of Practice

Pen Underwriting and Underwriters at Lloyd's proudly support the General Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry. A copy of the Code can be obtained from us upon request or from www.codeofpractice.com.au.

1. Particulars of Insured

- (i) Name(s) of Insured:
- (ii) For claim settlement purposes (in accordance with GST Legislation) please advise your:
 - (a) Registered Business Name for this policy:
 - (b) ABN Number:
 - (c) Input Tax Credit entitlement: %
- (iii) Policy Number:
- (iv) Claim Number (if known):
- (v) Address of Insured:
- (vi) Contact Person /name:
- (vii) Telephone: Day:..... Night:..... Mobile:
- (viii) In whose name is the vehicle registered?.....
- (ix) Is there a Finance/Leasing Company involved? Yes or No
 If Yes, please advise
 - (a) Name:
 - (b) Address:
 - (c) Vehicle of their interest:.....
- (x) Has a previous Insurer ever declined or cancelled insurance or refused to renew insurance or imposed special terms on the cover provided for this Insured or any previous Insured entity of which you were a Director, owner or had control or influence over: Yes or No
 If yes, please provide details:

2. Type of Claim

- Accidental Damage Fire Theft Death or injury Other – Please specify

3. Driver Details

- (i) Does the Policy Endorsement ANZ13 Approved Driver requirements apply to Your Policy? Yes or No
If yes, we must have approved this driver to drive this Vehicle class. Please have the driver obtain a current RTA printout showing their complete driving history for the last 5 years. attached or to follow
If No, attach a legible copy of the current driver's licence and have the driver obtain a current RTA printout showing their driving history for the last 5 years. attached or to follow
- (ii) Driver Name:
 Telephone: Day:..... Night:..... Mobile:.....
- (iii) Date of Birth: Age:
- (iv) Address:
- (v) Are you the permanent / regular driver? Yes or No
- (vi) Driver's Licence No:
- (vii) State of Issue: Expiry date:
- (viii) Classes held:
- (ix) How many years have you been licensed to drive this type of vehicle?
- (x) The driver's relationship to the Insured is: Permanent Casual Employee or Contract driver
- (xi) Was the owner's consent given for this driver to be in charge of this Vehicle/s? Yes or No
- (xii) Did the driver
 - (a) consume any intoxicating liquor or drugs during the 12 hours prior to the accident Yes or No

(b) have a drug or alcohol blood, breath or urine test after the accident? Yes or No

If yes, what were the results?

(xiii) Has this driver been involved in any other motor vehicle accident during the last five (5) years? Yes or No

If yes, please provide details:

4. Insured Vehicle Details

Prime Mover / Rigid or other main vehicles

(i) What is the Make:

(ii) What is the Model / Series / year of manufacture:

(iii) Registration No:

(iv) Type of Body:

(v) Engine No:

(vi) Engine Output in BHP: Usage – total Hours or KM travelled:

(vii) Engine Type / make:.....

(viii) At the time of the accident, was the vehicle

(a) Let on hire? Yes or No

(b) Being used to carry fare- paying passengers? Yes or No

Trailer A

(ix) Trailer type/s:..... Manufacturer Brand:

Chassis / VIN No:

Registration Number:..... Year of Manufacture:.....

Trailer B

(x) Trailer type/s:..... Manufacturer Brand:

Chassis / VIN No:

Registration Number:..... Year of Manufacture:.....

(xi) Load at time of accident (please be specific):.....

Attach copies of manifest for load and weight dockets.

(xii) State GVM at time of accident:

If over dimensional, please attach copies of permits.

(xiii) Has the Prime Mover / Rigid Vehicle or trailers or engine been modified in any way? Yes or No

If yes, please provide details:

5. The Accident

(i) Street / Nearest Town:

(ii) Suburb:

(iii) State:

(iv) Time accident occurred: am/pm

(v) Date accident occurred:

6. Driver's statement of how the accident occurred

(i) I was driving from: To:

(ii) The purpose of the journey was:

(iii) Description of the accident:

(iv) Who do you think was responsible for the accident?

(v) What is your reason for thinking so?

7. Road surface and conditions

(i) Was the road: Gravel Sealed Other – Please specify

(ii) Was the road: Level On grade Hill crest Other – Please specify

(iii) Was it: Wet Dry Muddy Other – Please specify


(iv) Light Conditions: Daylight Darkness – Street lighted Darkness - Street not lit
 Half light Other – Please specify


(v) What Speed was the driver travelling at:..... kms / hour


8. Please provide a diagram of the accident


Show positions of vehicles, persons or obstacles involved, mark names and width of roads, if possible, and road signs (if any)


(Symbols for Plan)

Street Intersection 


Curved Street 


Persons 


Your Vehicle 


Other Vehicle 


(Directions of travel indicated by arrow in symbol)


Parked Vehicle 


Tram/Rail Tracks 

Stop signs 

Give way signs 

Traffic Light 

Pedestrian Crossing 

Priority Road 

9. Details of the other Vehicle and/or Property damaged

(i) Details / type of other vehicle or property:

(ii) Registration Number:

(iii) State of Registration:

(iv) Insurance Company of other vehicle/s or property:

10. Driver / owner details for the Other Vehicle involved

If more than one other vehicle is involved, please attach a separate page with the following information for each other vehicle

(i) Was the driver the owner of the vehicle? Yes or No

If No, please provide the owners:

(a) Name :

(b) Address:

(c) Contact phone number:

(ii) Name of the driver (if different to owner):

(iii) Address:

(iv) Contact phone number:

(v) Driver's Licence number:

(vi) Did the driver of this other Vehicle have a drug/ alcohol breath test at the accident scene? Yes or No

11. Details of any Injured Person

If more than one injured person, please attach a separate page with the following information for each injured person

(i) Name:

(ii) Address:

(iii) Age:

(iv) Contact phone number:

(v) Relationship to Insured:

(vi) Nature of Injuries:

(vii) Was the injured person: Occupant of your Vehicle Occupant of other Vehicle or Other - please describe

12. Damage to or Loss of Your vehicle

(i) Where is the vehicle now?

(ii) Was the vehicle towed? Yes or No

(iii) Describe the extent of damage to your vehicle/s:

13. Police details

Did the police attend the accident scene? Yes or No

If yes

(i) Please provide police officers name & station

(ii) Event number:

14. Witness details

(i) Name of witness:

(ii) Address:

(iii) Contact number:

(iv) Was the witness a: Occupant of your vehicle Occupant of other vehicle Pedestrian

If more than one witness, please attach a page with this same information for each witness.

Please remember to attach: A legible copy of the Driver's Licence, RTA Printouts and other information to be provided.

Declaration:

I/We declare that:

- I/We have read and understood the Important Notices on this Claim Form
- The answers and information given in this Claim Form are true and correct in all respects
- I/We have read the Pen Underwriting Privacy Statement on this Claim Form and consent to the use, disclosure and obtaining of personal information about the insured for the purposes shown in the Privacy Statement
- Where I/We have provided information about another individual, that individual has been made aware of that fact and of the Pen Underwriting Privacy Statement

Signature of the Insured: **Date:**

Name: **Title:**