



G A R D

GARD INSURANCE PTY LTD TRADING AS
GARD BUS AND COACH INSURANCE
ABN 96 605 493 454 AFSL 479 125
L13, 227 Elizabeth St
Sydney NSW 2000

MOTOR VEHICLE CLAIM FORM

- Please read the Important Information section before completing this claim form
- Take reasonable steps to protect or safeguard your vehicle from further damage
- No repairs should be undertaken without our approval other than emergency repairs allowed under the 'Emergency mitigation costs' benefit of your policy
- Do not admit liability
- Please answer all questions fully and return to us at claims@gardbusandcoach.com.au If more space is needed, please provide the information separately

POLICY DETAILS

Insured			
Policy number		ABN	
Have you claimed or do you intend to claim an input tax credit on the GST component of the premium applicable to this policy?		Yes ☐	No ☐
If 'yes', will you be claiming an amount less than 100%?		Yes ☐	No ☐
What percentage will you be claiming?			%
Contact name			
Contact number		Email	
Address			
City		State	
		Postcode	
Broker contact			

VEHICLE DETAILS

Year		Make and model			
Vehicle ID (VIN/Chassis No/Engine No)					
Registration number		Registration expiry date		Date purchased	
Purchase price		Name of vehicle owner			
Does any other party have any financial interest in the vehicle?				Yes ☐	No ☐
If 'yes', name of interested party					

How was the vehicle being used at the time of the accident?

Airport/Hotel/Motel transfers ☐ Courtesy Bus ☐ Local Charter ☐ Private ☐
Long Distance Charter ☐ Regular Public Transport ☐ School Bus ☐ Self/Drive Hire ☐
Tours ☐ Other ☐ Please specify:

DRIVER DETAILS

Name of driver

Contact number Email

Address

City State Postcode

Date of birth Licence no Expiry date

Class State of issue

Relationship to insured (self, employee, subcontractor, relative, etc.)

How long has the driver been licensed to drive this class of vehicle?

Was the vehicle being used with the insured's knowledge and consent? Yes ☐ No ☐

If 'no' please provide details

Did the driver drink alcohol or take drugs (including prescription drugs) in the 12 hours before the accident? Yes ☐ No ☐

If 'yes', please provide details:

Did the driver or person in control of the vehicle undergo a breathalyser / blood test / urine or oral fluid test / drug impairment assessment? Yes ☐ No ☐

If 'yes', what was the result

INCIDENT DETAILS

Date of accident / theft Time Day of week

Address where the accident / theft happened

City State Postcode

Weather conditions at the time of the incident

Sunny ☐ Raining ☐ Other ☐ Please advise

Was the road:

Dry ☐ Wet ☐ Sealed ☐ Unsealed ☐ Flat ☐ Uphill ☐ Downhill ☐

At the time of the accident, was the insured vehicle Stationary ☐ Moving ☐

If moving, what was the estimated speed of your vehicle at impact Kph

At the time of the accident, was the other vehicle(s) Stationary ☐ Moving ☐

If moving, what was the estimated speed of the other vehicle at impact Kph

Were any of the following traffic controls present at the scene of the accident?

Stop sign Yes ☐ No ☐ Give way sign Yes ☐ No ☐ Traffic lights Yes ☐ No ☐

If 'yes', were they in your favour Yes ☐ No ☐

Were your vehicle's headlights on? Full beam ☐ Dipped beam ☐ No ☐

Please describe how the accident occurred:

Please attach a sketch, showing as clearly as you can:

- the direction you were travelling and position of each vehicle prior to the accident
- the place where the impact took place – mark as 'X'
- street names and location of traffic lights and Stop/Give way signs

Is there any CCTV footage available?

Yes

☐

No

☐

Who do you believe was at fault, and why?

Has any claim been made against you?

Yes

☐

No

☐

If 'yes', please provide details:

Was the accident/theft reported to the police?

Yes

☐

No

☐

Date

Time

Did the police attend the accident scene

Yes

☐

No

☐

Name

Rank

Station

Police report number

Is police action pending?

Yes

☐

No

☐

If 'yes', please provide details:

Were there any witnesses to the accident?

Yes

☐

No

☐

If 'yes', please provide:

Witness 1 Name

Contact number

Email

Address

City

State

Postcode

Witness 2 Name

Contact number Email

Address

City State Postcode

Was anyone injured in the accident? Yes ☐ No ☐

If 'yes', please provide:

Name Type of injury

Injured Party Vehicle registration number

Name Type of injury

Injured Party Vehicle registration number

DAMAGE TO INSURED VEHICLE

Please provide details of the loss or damage to your vehicle:

Was the vehicle towed from the scene? Yes ☐ No ☐

If 'yes', by whom

Has a repair quotation been obtained? Yes ☐ No ☐ Amount

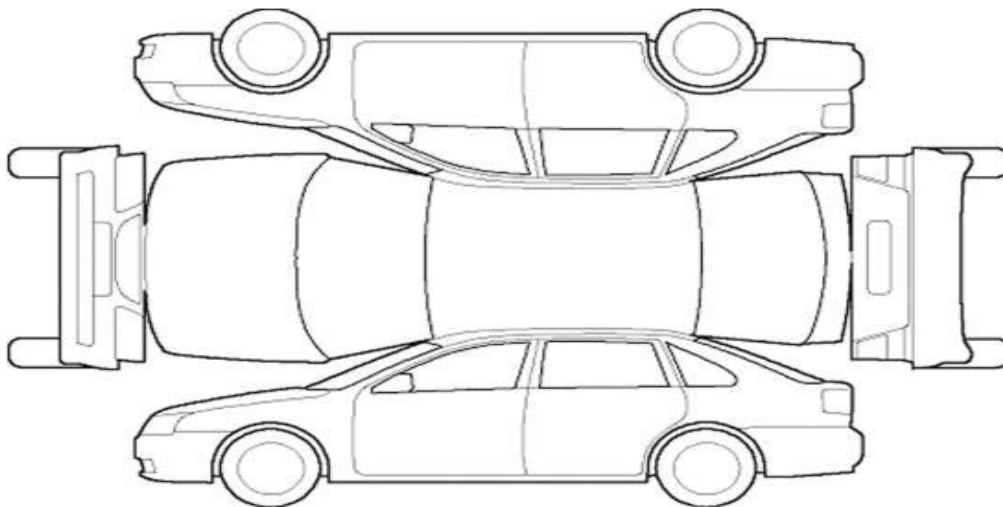
Who is your preferred repairer?

Is the vehicle there? Yes ☐ No ☐ If 'no', where can the vehicle be inspected?

Address

City State Postcode

Please indicate location of damage to your vehicle on the sketch below
To draw on this pdf Claim Form, select the ‘Draw freehand’ tool from the Acrobat menu. Alternatively, print out this page, scan your completed sketches / shading and attach with the completed claim form



THIRD PARTY DAMAGE

Were any other vehicles involved in the accident?

Yes

☐

No

☐

If 'yes', please provide details:

Name of driver

Contact number

Email

Address

City

State

Postcode

Date of birth

Licence number

Name of owner

Contact number

Email

Address

City

State

Postcode

Insurer

Policy Number

Vehicle make and model

Registration number

Please provide details of damage to third party vehicle as a result of the accident:

Was any other third-party property damaged in this accident?

Yes

☐

No

☐

If 'yes', please provide details:

Owner's name

Contact number

Email

Address

City

State

Postcode

Description of property

Insurer (if any or known)

IMPORTANT INFORMATION

Please do not admit liability. If someone is making a claim against you please ask them to put it in writing and provide any correspondence you receive from the other party to GARD Insurance Pty Ltd

The issue and acceptance of the claim form does not mean that GARD Insurance Pty Ltd or the insurer(s) admit liability. This claim form is issued only to enable you to lodge a written statement of claim

AGENT OF THE INSURERS

In issuing this policy, GARD Insurance Pty Ltd (GARD) will be acting under an authority given to it by the insurers. This means that when issuing this policy or dealing with or settling any claims, GARD will be acting as an agent for the insurers not for you. You should contact your broker in the first instance in relation to this insurance

COMPLAINTS AND DISPUTES RESOLUTION

If you have any complaints about the products or services provided to you, please contact us using the details contained in your policy and tell us about your complaint. We have a complaints and internal dispute resolution process to try and resolve them as quickly as possible. If this does not resolve the matter or you are not satisfied with the way a complaint has been dealt with you have the right to refer the matter to our external disputes resolution service. We will provide information about this service including contact information when you lodge your complaint with us or at any time upon your request

GENERAL INSURANCE CODE OF PRACTICE

In accordance with our binding authorities, where we act on behalf of the insurer, we are bound by the General Insurance Code of Practice. The Code is designed to set minimum standards of practice and service in the insurance industry. Further information about the Code can be obtained from www.codeofpractice.com.au

PRIVACY NOTICE

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. By executing this document you consent to the collection, use and disclosure of your personal information in accordance with our Privacy Policy. If you do not agree to provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, your application for insurance may not be accepted, we may not be able to administer your services/products, or you may be in breach of your duty of disclosure

Our Privacy Policy explains how we collect, use, disclose and handle your personal information including transfer overseas and provision to necessary third parties as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs

A copy of our Privacy Policy is located on our website at https://gardinsurance.com.au/landing/files/GARD-Privacy-Policy-03_2019.pdf

A copy of the insurer's Privacy Policy is located on our website at <https://gardinsurance.com.au/lloyds>

Please access and read these documents

If you have any queries about how we handle your personal information or would prefer to have a copy mailed to you, please ask your broker. If you wish to access your file, please ask us

DECLARATION AND AUTHORISATION

I declare that the information and answers given on this claim form and in any supporting documentation is true in every detail and no information likely to affect the assessment of the claim has been withheld or misrepresented

I have read and understood the Privacy Notice on this form and consent to the collection, use, storage, and disclosure of any personal and sensitive information for the purpose of processing the claim. I understand that if I choose not to provide the required details GARD Insurance Pty Ltd, the insurer(s), or its agent may not be able to process the claim

Where there is more than one Insured included on this form, I confirm that I am authorised to sign for and on behalf of the other Insured(s)

Insured's signature		Date	
Name		Position	
Driver's signature		Date	
Name			