icare Insurance for NSW | GALLAGHER BASSETT

Motor Vehicle Claim Form (To be completed by agency)

Agency reference (if relevant)

Notification Only? Yes ☐ No ☐ (select one only) Date form completed / /

Please note: A separate claim form MUST be completed for each claimed incident.
Please submit this claim form and additional documentation to Gallagher Bassett by email **generalclaims@icare-gb.com.au.**
For any further questions please call **1300 407 022**.

*Are repairs proceeding immediately?** Yes ☐ No ☐ (select one only) If no, please advise estimated repair date / /

*Is this an End of Lease repair?** Yes ☐ No ☐ (select one only) GB arranged repairer ☐ **or** Repairer direct preference ☐ (select one only)

** Mandatory fields*

POLICY DETAILS

*Agency name**

*Policy /claim number** Cost centre number(s)

CLAIM CONTACTS

Reported by:

*Name** *Date** / /

Agency Claim Contact/Fleet Manager:

*Name**

*Address** (Line 1)

Address (Line 2) *Suburb** *Postcode**

*Phone number** ( ) *Email**

FLEET MANAGER DETAILS

*Vehicle is** Agency owned ☐ Leased ☐ (select one only). If leased, please provide the following details:

Fleet Management Provider name Lessor Provider name

Fleet Management Provider reference number Lessor reference number

AGENCY DRIVER DETAILS

*Agency Driver's name** *Agency Driver's date of birth** / /

*Agency Driver's licence number** *State** *Expiry date** / /

*Valid licence** Yes ☐ No ☐ *Years of driving experience** *Gender** Male ☐ Female ☐

*Phone number** ( ) Email

I declare that the information provided is true and correct.

/ /

*Agency Driver's Signature** *Print name** *Date**

** Mandatory fields*

AGENCY VEHICLE DETAILS

*Make** _____ *Model** _____ *Year** _____ *Colour** _____

*Vehicle Registration No.** _____ *V.I.N** _____

*Is the vehicle driveable?** Yes ☐ No ☐ (select one only) *Was the vehicle towed?** Yes ☐ No ☐ (select one only)

If the vehicle was towed, please provide the following:

*Tow company** _____ *Vehicle towed to** _____

Vehicle duty (Emergency services only) _____

REPAIRER DETAILS

*Repairer name** _____

Address (Line 1) _____

Address (Line 2) _____ Suburb _____ Postcode ☐☐☐☐

*Phone number** ( ) _____ *Special instructions** _____

CLAIM DETAILS

NB: Please include any photos from the scene of the incident

*Date of incident** / / *Time of incident** _____ AM ☐ PM ☐ (select one only)

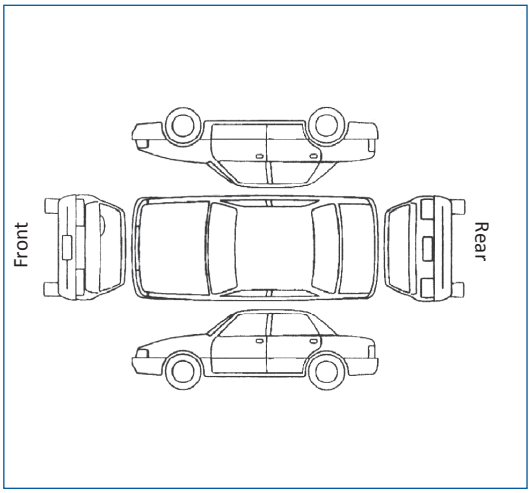
Address of incident* *(Line 1)* _____

Address of incident (Line 2) _____ *Suburb** _____ *Postcode** ☐☐☐☐

*Is this an emergency vehicle?** Yes ☐ No ☐ *Is this claim of a sensitive nature (media interest or political)** Yes ☐ No ☐

*Who was responsible for the incident?** Other Party at fault ☐ Agency at fault ☐ (select one only)

*Damage to Agency vehicle**
(Please mark the damaged area(s) on the diagram below)



*Description of damage** (scratch/dented etc) _____

*If known what is the estimated cost of repairs?** _____

Conditions of incident:

*Road surface?** eg wet/dry/sealed/dirt/gravel _____

*Weather conditions?** eg sunny/rain _____

*Visibility?** eg fog/rain _____

*Was the driver breath tested?** Yes ☐ No ☐ (select one only)

*If yes, please provide the reading eg 0.04** _____

Police report number if incident reported to or attended by police _____

Police station/officer's name _____

(All incidents for theft, break and entry and malicious damage must be reported to the Police).

** Mandatory fields*

*In words, provide the full incident description (What has happened?)**	*Draw a diagram of the incident scene**
Please include your speed, traffic signals involved and any other material facts relevant to the incident and any photos from the incident.	Please include a legend for any symbols used in your diagram to assist with our understanding of the incident scene.

Please include any photos from the scene of the incident

OTHER PARTY DETAILS

NB: ONLY complete this section if OTHER PARTY was involved.

Other party

*Gender** Male ☐ Female ☐ (select one only)

*Driver name**

*Date of birth** / / *Phone number** ( )

Address (Line 1)

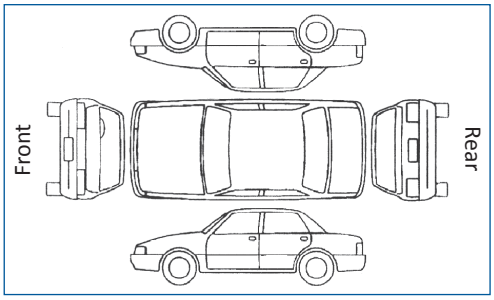
Address (Line 2)

Suburb Postcode

*Licence number**

*Damage to other party vehicle**

(please mark damaged area(s) on the diagram)



Other party vehicle owner details:

Vehicle owner name *Registration number**

Vehicle owner address

*Is the vehicle driveable?** No ☐ Yes ☐ (select one only) *Was the vehicle towed?** No ☐ Yes ☐ (select one only)

*Vehicle towed to** Tow company name

Make Model Year Colour

Insurer Policy number

NB: ONLY complete this section if other vehicle is insured for business purposes

*Is the other party registered for GST?** No ☐ Yes ☐ *What is their ABN?**

*If yes, can they claim an ITC entitlement %?** No ☐ Yes ☐ *Specify the amount claimed** %

INDEPENDENT WITNESS DETAILS

NB: ONLY complete this section if there was an INDEPENDENT WITNESS

*Name** | *Phone number** ( )

DECLARATION

I declare that the vehicle was being used in accordance with this organisation's Chief Executive instructions (or similar guidelines) and that the driver/custodian was an approved driver. I declare that the information provided in this form is correct and I have authority to submit this declaration on behalf of the agency.

*Signature** | *Print name** | *Date** / /

PRIVACY STATEMENT

Issued by:

ABN 68 009 778 018 trading as Gallagher Bassett Services Pty Ltd (GB).

Why do we collect personal information?

Personal information is information or an opinion about an identified individual or an individual who is reasonably identifiable. We collect personal information so that we can:

- identify you and conduct appropriate checks;
- assess, manage and investigate motor vehicle accident claims, liability claims, property claims, and miscellaneous claims;
- manage, train and develop our employees and representatives;
- report to government agencies; and
- manage complaints and disputes, and report to dispute resolution bodies.

What happens if you don't give us your personal information?

It is your choice whether you provide your personal information to us however, without your personal information, we may not be able to assess, and manage or investigate a claim.

How we handle your personal information

We collect your personal information directly from you and, in some cases, from other people or organisations. We may also provide your personal information to other related companies within Arthur J Gallagher, and they may disclose or use your personal information for the purposes described in "Why do we collect personal information?"

Under various laws we will be (or may be) authorised or required to collect your personal information. These laws include the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, Personal Property Securities Act 2009, Corporations Act 2001, Autonomous Sanctions Act 2011, Income Tax Assessment Act 1997, Income Tax Assessment Act 1936, Income Tax Regulations 1936, Tax Administration Act 1953, Tax Administration Regulations 1976, and A New Tax System (Goods and Services Tax) Act 1999, as those laws are amended and includes any associated regulations.

We will use and disclose your personal information for the purposes we collected it as well as purposes that are related, where you would reasonably expect us to. We may disclose your personal information to and/or collect your personal information from:

- other companies within Arthur J Gallagher and other trading divisions or departments within the same company (to see a list of our brands/ companies, visit our website at www.gallagherbassett.com.au/privacy);
- any of our joint venture partners where authorised or required;
- data partners;
- publicly available sources of information;
- a third party that we've contracted to provide financial services or administrative services – for example:
  - information technology providers,
  - administration or business management services, consultancy firms, auditors and business management consultants,
  - claims management service providers
  - print/mail/digital service providers, and
  - imaging and document management services;
- any intermediaries, including your agent, adviser, a broker, representative or person acting on your behalf, other Australian Financial Services Licensee or our authorised representatives, advisers and our agents;
- a third party claimant or witnesses in a claim;
- accounting or finance professionals and advisers;
- government, statutory or regulatory bodies and enforcement bodies;
- in the case of a relationship with a corporate partner, the corporate partner and any new incoming insurer;
- the Financial Ombudsman Service or any other external dispute resolution body;
- other insurers, reinsurers, insurance investigators and claims or insurance reference services, loss assessors, financiers;
- legal and any other professional advisers or consultants;
- hospitals and, medical, health or wellbeing professionals;

- debt collection agencies;
- any other organisation or person, where you've asked them to provide your personal information to us or asked us to obtain personal information from them, e.g. your mother.

We'll use a variety of methods to collect your personal information from, and disclose your personal information to, these persons or organisations, including written forms, telephone calls and via electronic delivery. We may collect and disclose your personal information to these persons and organisations during the information life cycle, regularly, or on an ad hoc basis, depending on the purpose of collection.

How to access and correct your personal information or make a complaint

You have the right to access and correct your personal information held by us and you can find information about how to do this in the Privacy Policy.

The Policy also includes information about how you can complain about a breach of the Australian Privacy Principles and how we'll deal with such a complaint. You can get a copy of the Privacy Policy. Please use the contact details in **Contact us**.

Contact us

For more information about our privacy practices including accessing or correcting your personal information or making a complaint you can:

- Visit www.gallagherbassett.com.au/privacy
- Speak to us directly by phoning 1300 407 022