



RENTSURE

RENTSURE PTY LIMITED

ABN 98 059 004 634

ACN 059 004 634

LEVEL 3
345 PACIFIC HIGHWAY
NORTH SYDNEY NSW 2060
PO BOX 1670
NORTH SYDNEY NSW 2059

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

TEL: (02) 9460 2200

FAX: (02) 9460 1800

EMAIL: mgr@rentsure.com.au

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 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:

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

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?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If No, was the incident reported to the Police?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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?

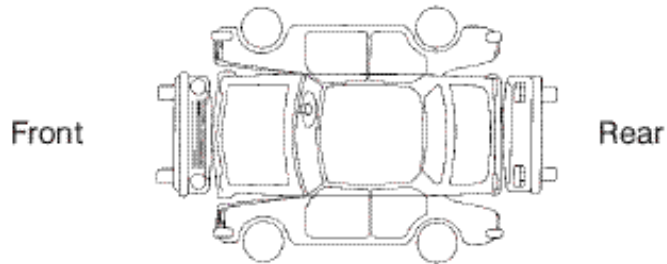
Yes **No**

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

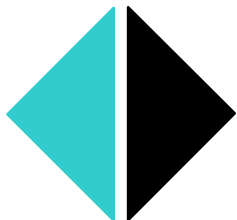
This information is, to the very best of my knowledge, true in every respect.

Signature of driver: _____

Date: _____

Signature of Authorised Manager or Renter:

Date: _____



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