

third party property damaged claim form



Lumley General Insurance Limited, ABN 24 000 036 279, Lumley House Level 9, 309 Kent Street, Sydney 2000 Ph: (02) 9248 1111 Fax: (02) 9248 1122

The issue of this form is not an admission of liability.

1. Client Details

Claim No.

Name of claimant

Occupation

Postal address

Postcode

Phone number (w)

Phone number (h)

Mobile

2. Goods and Services Tax (G.S.T.)

Please state your:

Australian Business Number (ABN), if applicable

Entitlement to an Input Tax Credit in respect of the property which is the subject of your claim

3. Particulars of Vehicle

Owners name

Driver's age

Make of vehicle (include whether Special Standard etc)

Year of model (yyyy)

Registration number

Value

4. Insurance Particulars

Is the vehicle comprehensively insured?

No Yes

If yes, name the insurer

Branch

Policy No.

Due date (dd/mm/yyyy)

Have you reported the accident to your insurer? No Yes

If yes, have they authorised repairs to your vehicle? No Yes

is the vehicle under finance arrangements? No Yes

If yes, with which company

Lumley General Insurance Limited

NSW	Lumley House, Level 9, 309 Kent Street, Sydney 2000 Suite 19, 50 Glebe Road, The Junction 2291
VIC	Level 3, 99 King Street, Melbourne 3000
ACT	Level 4, Perpetual Building, 10 Rudd Street, Canberra City 2601
TAS	27 Paterson Street, Launceston 7250
SA	465 Pulteney Street, Adelaide 5000
WA	50 St George's Terrace, Perth 6000
QLD	Level 2, 99 Melbourne Street, South Brisbane 4101 Level 5, Northtown Tower, Flinders Mall, Townsville 4810
NT	Level 2, Beagle House, 38 Mitchell Street, Darwin 0800

Phone (02) 9248 1111	Fax (02) 9248 1122
Phone (02) 4925 7500	Fax (02) 4940 0295
Phone (03) 8627 4333	Fax (03) 8627 4312
Phone (02) 6279 0333	Fax (02) 6279 0330
Phone (03) 6345 4700	Fax (03) 6345 4711
Phone (08) 8228 1700	Fax (08) 8228 1777
Phone (08) 9220 8222	Fax (08) 9220 8251
Phone (07) 3307 4800	Fax (07) 3307 4899
Phone (07) 4722 6000	Fax (07) 4724 4398
Phone (08) 8946 4600	Fax (08) 8946 4666

5. Loss Details

Is your claim for:

(i) damage to your vehicle? No Yes

If yes, when and where may your vehicle be inspected? (address of repairer's premises)

Has the vehicle been repaired? No Yes

(ii) the excess payable on your insurance? No Yes

If yes, how much is your excess?

Was the vehicle towed? No Yes If yes, please attach receipt

Name and address of witness(es)

Postcode

Have you attached two written quotations for repair? No Yes

6. Details of Person (or Firm) insured with us

Name

Postal address

Postcode

Make of vehicle

Registration no.

Date of accident (dd/mm/yyyy)

Place of accident

Police station to which reported

Please supply full statement of the circumstances of the accident

Please draw a plan of the road showing position and identification of all vehicles, persons and road signs concerned at the time of the accident and show by arrow the direction in which vehicles or persons were travelling.

7. Complaints - Internal and External Complaints Procedure

If You do not agree with any decision We make in relation to Your insurance, please write to Us stating what You disagree with and why.

We will then either resolve or attempt to resolve Your complaint immediately or 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 alternate dispute resolution body, "Insurance Enquiries and Complaints Limited" provided it falls within their jurisdiction.

8. Declaration

Lumley General Insurance Limited respects Your privacy and complies with the Privacy Act and the National Privacy Principles. A copy of Our Privacy Policy and Procedures is available at any of Our Offices

Signature

Dated (dd/mm/yyyy)