

If your vehicle requires towing, please call:

# Lumley Accident Assist 1800 652 256

# 24 HOURS - 7 DAYS A WEEK

When you call, we will:

- ☑ arrange for the damaged vehicle to be towed to a Lumley Network Repairer
- arrange for the driver to be returned to their office or residence
- ☑ arrange to have the vehicle quoted, assessed and repaired
- ☑ arrange to have the repaired vehicle returned to the driver
- Difference of the provide a guarantee for all repairs completed at a Lumley Network Repairer.

### If the vehicle is drivable:

Obtain a quotation from a Lumley Network Repairer and book your vehicle in to be repaired at a time convenient to yourself and the repairer. Ask the repairer to contact Lumley 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 it being assessed. If you don't know where the nearest Lumley Network Repairer is located, just ring Lumley or go to our website <u>www.lumley.com.au</u> for a complete listing.

### If there is no damage to your vehicle:

Complete your claim form, and post or fax it (with any correspondence received from the other party) to your nearest Lumley office, listed at the bottom of this page.

### 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 Enquiries 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 Lumley may reasonably require, and stipulates that any omission may adversely affect the cover under your Policy.

If you would like more information on your Duty of Disclosure (or any other aspect), please contact your broker or nearest Lumley office.

## **Lumley General Insurance Limited**

NSW	Lumley House, Level 9, 309 Kent Street, Sydney 2000	Phone (02) 9248 1111	Fax (02) 9248 1122
	Suite 19, 50 Glebe Road, The Junction 2291	Phone (02) 4925 7500	Fax (02) 4940 0295
VIC	Level 3, 99 King Street, Melbourne 3000	Phone (03) 8627 4333	Fax (03) 8627 4312
ACT	Level 7, Garema Court, 148-180 City Walk, Canberra City 2601	Phone (02) 6279 0333	Fax (02) 6279 0330
TAS	27 Paterson Street, Launceston 7250	Phone (03) 6345 4700	Fax (03) 6345 4711
SA	465 Pulteney Street, Adelaide 5000	Phone (08) 8228 1700	Fax (08) 8228 1777
WA	50 St George's Terrace, Perth 6000	Phone (08) 9220 8222	Fax (08) 9220 8251
QLD	307 Queen Street, Brisbane 4000	Phone (07) 3231 4800	Fax (07) 3231 4899
	Level 5, Northtown Tower, Flinders Mall, Townsville 4810	Phone (07) 4722 6000	Fax (07) 4724 4398
NT	84 Woods Street, Darwin 0800	Phone (08) 8941 7998	Fax (08) 8941 7950



Click on the fields to complete online, then print and complete diagram in Section 8 in black or blue pen and sign OR

Print and complete all sections in black or blue pen.

SECTION 1: THE INSURED / CLIENT								
Insured/Company Division Address Policy number Phone number <b>Goods and Services Tax:</b> (a) Australian Business Num (b) entitlement to an Input (i) Insurance premi	Tax Credit in respect of:		Email hich is the subjec	t of this clair	Cost cen Postcode			
SECTION 2: THE INSURED / CLIENT		. ,	,					
Year Make Colour Finance company (if applica Use of the vehicle at the tim		Model Registration Private	n number Executive	Sales	Service	D	eliveries	
Private: not used for business Executive: vehicle provided as part of a salary package Sales: sales representatives Service: product maintenance, after sales service etc. Deliveries: delivery of products, food, parts, etc. SECTION 3: TYPE OF CLAIM								
SECTION 4: THE DRIVER	Collision (go to Section 4) Theft (go to Section 6) Hail / Flood / Fire / Windscreen (go to Section 8)							
Principal/Business Prop Name	ietor/Insured Em	nployee	Family memb	per	Insured	C	Other	
Address					Postcode	5		
Phone number Date of birth Class Driving experience (years)	Class Expiry Date							
Did the driver consume any If <b>Yes,</b> please state how mu Was the driver sober at the	Has the driver attended a company-sponsored driver-training course within the last two years?  □ Yes □ Ne □ Yes							
If <b>Yes</b> , please state the resu	t							
Lumley General Insurance Limited ABN 24 000 (	36 279					1,00000	(01/04) 2	



## **SECTION 5: THE OTHER VEHICLE**

	Driver's name						
	Driver's address			Postcode			
	Driver's phone n	umber					
	Date of birth			Driver's li	cence number		
	Registered owne	er					
	Owner's address					Postcode	
	Owner's phone r	number					
	Year	Make		Model			
	Colour			Registrati	on number		
	Insurance company						
	Area of damage	to the other vehic	cle				
	Estimated cost o	f damage					
SECTIC	ON 6. WITNESS TO	THE COLLISION	/ THEFT				
	Name						
	Address					Postcode	
	Phone number					Age	
SECTIC	ON 7. POLICE INVO	OLVEMENT					
	Did the Police at	tend the collision	/ theft scene?	🗆 Yes	□ No		
	If <b>No</b> , was the inc	cident reported to	o Police?	□ Yes	□ No		
	lf <b>Yes</b> , which Poli	ice Station?					
	Who do the Polic	ce consider was at	t fault?				
SECTIC	ON 8. DETAILS OF	THE LOSS / DAM	IAGE				
	Date		Time	am	pm		
	Where did the lo	ss / damage occu	ır?				
	Who do you con:	sider responsible	for the loss / dam	nage, and v	vhy?		
	·						
	Describe the wea						
	Describe the weather at the time of the loss / damage.						
	What speed were the vehicles travelling at the time of the lass ( down as a commission?						
	What speed were the vehicles travelling at the time of the loss / damage occurring? Your vehicle Other vehicle						
	rour venicle		other vehicle				
	Section 8 continues	overleaf					



#### **SECTION 8 (Continued)**

Describe how the loss / damage occurred.

Was there any damage to your vehicle prior to this loss/damage occurring? Yes No If **Yes**, please provide details.

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

- O Stop Sign
- X Traffic Lights
- ▽ Give Way

### **SECTION 9: DECLARATION**

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

Signature of driver

Signature of authorised manager or insured