



Community Underwriting

Community Underwriting Motor Claim Form

About Community Underwriting

Community Underwriting Agency Pty Ltd (Community Underwriting) acts under a binding authority as Agent for Mitsui Sumitomo Insurance Company Ltd (MSI) to issue, vary and cancel policies on MSI's behalf. In all aspects of this Policy, Community Underwriting acts as an agent for MSI, the Insurer and not for the Insured.

About the Insurer

Mitsui Sumitomo Insurance Company Ltd (MSI) ABN 49 000 525 637 AFS License No. 2401816 is part of the Tokyo listed MS & AD Insurance Group with a global network of offices across 42 countries and regions.

Privacy

We seek at all times to comply with the Privacy Act 1988 and the Australian Privacy Principles therein. If We disclose personal information to You for any reason You must also act in accordance with and comply with the terms of the Privacy Act and the Australian Privacy Principles.

Purpose for collection of information:

The information contained in this document and any other documents provided to Us will be dealt with in accordance with our respective Privacy Policies.

Disclosure of Information that you provide to us:

We will only use the information in accordance with the terms of the Privacy Policies. Without limiting the application of the Policy We may disclose personal information to other individuals or organisations in connection with Your claim, including legal advisors, other parties, other lawyers, experts and witnesses, courts and tribunals and other organisations that need to be involved in the matter. By submitting Your notification and continuing to deal with Us You consent to Us and these parties collecting, using and disclosing personal and sensitive information about You for these purposes. By signing the claim form You are consenting to the above.

You warrant to us that where you provide us with personal information that you have collected from other individuals:

- that the information has been collected in accordance with the Privacy Act 1988.
- that We are authorised to receive that information from you and to use it for the purpose of providing legal claims management services and advice.
- You, and the person who provided You with the information, are aware and have complied with the Privacy Act 1988 and have notified the person about whom the personal information is collected of the collection use and disclosure of such information.

By executing the claim form You are indemnifying Us against any breach that arises directly or indirectly out of any act or omission of Your part which does not accord with the conduct required under the Privacy Act 1988.

Direct Marketing:

We do not disclose personal information that We collect to a third party for the purpose of allowing them to direct market their products and services unless You have given Us Your permission for Us to do this.

Cross Border:

We will share Your personal information with the Community Underwriting and the MS & AD Insurance Group of companies. Our data containing Your information is stored in Our data centre using dedicated hardware and network. We may also use Saas, Cloud computing or other technologies from time to time and Your information may be stored outside Australia.

We will not transfer personal information to a recipient in a foreign country unless We have appropriate protections in place as required by the relevant privacy laws. Your information will be stored on Our data base for such period of time as required by law.

Further information

If you would like further information, please review the full Privacy Policy at www.communityunderwriting.com.au and www.msi-oceania.com or if you have any complaints or concerns over the protection of the information you have given to us or that we have collected from others, contact:

Community Underwriting Agency Pty Ltd
P.O. Box 173, Balmain NSW 2041
Telephone 02 8045 2580

Mitsui Sumitomo Insurance Company Limited
Level 18, 1 Bligh Street
Sydney, NSW 2000
Telephone 02 9222 7600

GST and Insurance Requirements

If you are registered for GST purposes and have an entitlement to claim an Input Tax Credit (ITC) for GST paid on your insurance, you are required to inform your insurer, at or before the time of any subsequent claim, of the extent to which you are eligible to claim an ITC.

The amount that we are liable to pay under this policy will be reduced by the amount of any ITC that you are or may be entitled to claim for the supply of goods or services covered by that payment.

If you are liable to pay an excess under this policy, the amount payable will be calculated after deduction of any ITC that you are or may be entitled to claim on payment of the excess.

Complaints

Any enquiry or complaint relating to this insurance should in the first instance be referred to:

Complaints Manager
Community Underwriting Agency Pty Ltd
P.O. Box 173, Balmain NSW 2041

If this does not resolve the matter or You are not satisfied with the way a complaint has been dealt with, You should contact:

Mitsui Sumitomo Insurance Company Limited
Level 18, 1 Bligh Street
Sydney, NSW 2000
Telephone 02 9222 7600
Facsimile 02 9232 7006

Community Underwriting are specialists in charity insurance, not for profit insurance and insurance for community organisations. We offer a range of insurance solutions customised to meet the needs of community organisations, including P&C Association insurances.
Contact us today!

Call us: 02 80452580
enquiries@communityunderwriting.com.au
www.communityunderwriting.com.au

AFS No 448274 ABN: 60 166 234 715

Section 1

Policy Information

Policy Number _____ Expiry Date ____ / ____ / ____

Section 2

The Insured

Insured (surname, company, partnership) _____

Given name(s) of insured _____

Contact person (for company or partnership claims) _____

Telephone: Home _____ Work _____ Mobile _____

Preferred method of contact _____

Section 3

GST

Are you registered for GST? No Yes

What is your ABN? _____

Have you claimed or intend to claim an Input Tax Credit (ITC) on the GST component of the premium applicable to the policy?

No Yes Specify amount claimed % _____

Are you entitled to claim an ITC credit for repairs or replacement of the item that has been lost or damaged?

No Yes Specify amount claimed % _____

Section 4

Driver Details

Full Name _____

Address _____

_____ State _____ Postcode _____

Telephone: Home _____ Work _____ Mobile _____

E-mail address _____ Fax: _____

Relationship to Insured _____ Date of Birth ____ / ____ / ____

Licence Number _____ Expiry Date ____ / ____ / ____ State Issued _____

How long has the driver been issued with a licence for this type of vehicle _____ years

Did the driver drink any alcohol and/or take any drugs in the 24 hours prior to the accident? No Yes

Provide details _____

Did the driver undergo a breath test, breath analysis or blood test? No Yes

Provide details _____

What was the reading? _____ (Please attach copy of the certificate.)

Was the driver authorised to use the vehicle? No Yes

Section 5

Vehicle Details

Make of Vehicle _____ Year _____ Model _____ Registered No. _____

Colour _____ Engine No. _____

Registered Owner _____ Odometer Reading _____

Address _____

_____ State _____ Postcode _____

Has the vehicle been modified from original specifications? No Yes

Provide details _____

Do you owe money on your vehicle? No Yes

Provide details _____

Section 5 (cont'd)

Vehicle Details

Name of Lender _____ Account No. _____

Address _____

_____ State _____ Postcode _____

Section 6

Incident Details

Date _____ Day _____ Time _____ am/pm

Where did the accident happen? _____

Street _____ Suburb _____

Nearest Cross Street _____

Road Surface Wet Dry Loose

At the time of the accident the insured vehicle was: Parked Stationary Moving Speed _____ km/hr

Traffic Controls None Stop Sign Traffic Lights Roundabout Give way sign Other

Number of vehicles involved _____

If applicable, what type of goods were being transported at the time of loss? _____

What happened? _____

Were seat belts being worn at the time of the accident? No Yes

Were vehicle lights on at the time of the accident? No Yes

Estimated speed of your vehicle at the time of the accident _____ km/hr

Estimated speed of third party vehicle involved in the accident _____ km/hr

Speed limit at the place where accident occurred _____ km/hr

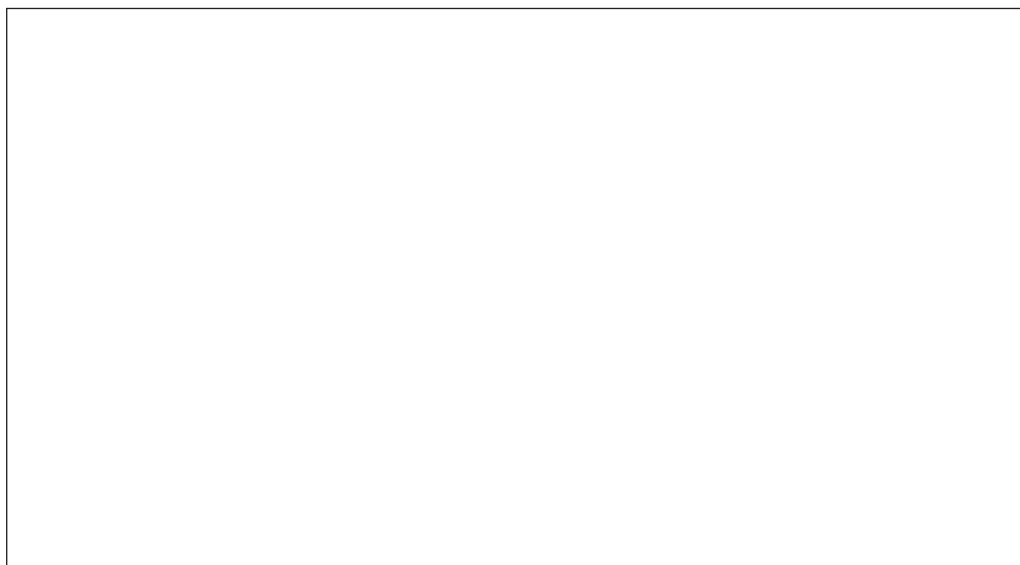
Sketch Diagram of Accident

1. Name Streets

2. Indicate direction of travel

3. Your vehicle

4. Other vehicle



In your opinion, was the accident your fault? No Yes

Why/why not? _____

Did the other driver admit liability? No Yes

Section 7

Damage to Your Vehicle

Are you claiming for the damage to your vehicle?

No Yes

Was the vehicle towed?

No Yes

Provide details _____

Name of tow company? _____

Where was it towed _____ Distance towed _____ kms

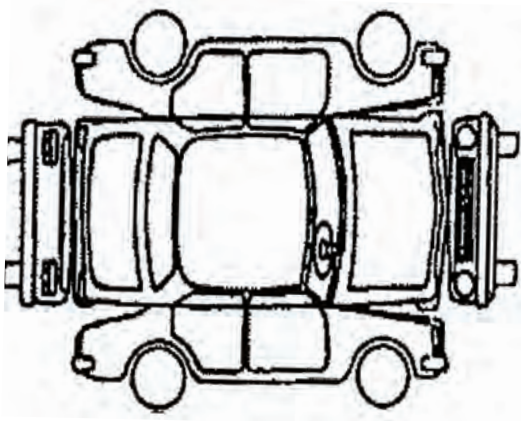
Where is vehicle now? _____

Provide details of extent of damage to your vehicle

Sketch Diagram

Shade in damage to vehicle

Indicate point of impact (X)



Section 8

Owner of Other Vehicle

Full Name _____

Address _____

_____ State _____ Postcode _____

Telephone: Home _____ Work _____ Mobile _____

Insurance Co. _____ Policy No. _____

Section 9

Driver of the Other Vehicle

Full Name _____

Address _____

_____ State _____ Postcode _____

Telephone: Home _____ Work _____ Mobile _____

Date of Birth ____ / ____ / ____ Drivers Licence Number _____

Did the driver undergo a drugs and/or breath test, breath analysis or blood test? No Yes

Provide details _____

Section 9 (cont'd)

Driver of the Other Vehicle

What was the reading? _____ (If possible please attach a copy of the certificate)

Was the owner in the vehicle at the time of the accident?

No Yes

IF THERE IS MORE THAN 1 OTHER VEHICLE INVOLVED PLEASE ATTACH DETAILS.

Section 10

Other Vehicle

Registration No. _____ Year of Manufacture _____ Make of vehicle _____

Model _____ Colour _____

Details of damage to other vehicle

Section 11

Other Parties

Was anyone injured in the accident?

No Yes

If Yes, provide person(s) detail(s) and nature of injuries

Provide details of owners of property or animals involved.

Full Name _____

Address _____

_____ State _____ Postcode _____

Section 12

Witness (es) Details

Witness 1: Full Name _____

Address _____

_____ State _____ Postcode _____

Telephone: Home _____ Work _____ Mobile _____

Was this witness in the insured vehicle?

No Yes

Witness 2: Full Name _____

Address _____

_____ State _____ Postcode _____

Telephone: Home _____ Work _____ Mobile _____

Was this witness in the insured vehicle?

No Yes

Please provide details of any other witnesses on a separate sheet.

Section 13

Theft Claims

Date and time theft discovered ____ / ____ / ____ am/pm

Details of who last used the vehicle and their address/contact details

Details of the events leading up to theft

Who discovered the theft? _____

Has the vehicle been recovered? No Yes

If Yes, when and by whom? _____

Was the vehicle locked? No Yes

Was the security alarm activated? No Yes

What type of system was it? _____

Location and time of theft; please state reason the vehicle was in this location

How did the driver travel home after discovering theft? _____

Was the theft reported to the Police (provide officers name, Police Station)?

Provide details of the damage

Section 14

Police

Did a Police Officer attend the accident scene? No Yes or

Did you report the incident to the Police? No Yes

Provide details _____

Name _____ Rank _____

Station _____

Date of report ____ / ____ / ____ Police Report No. _____

Name of person to be charged or cautioned _____

Nature of charge or caution _____

Section 17

Direct Deposit

Should any part of this claim be payable to you please provide your bank account details for direct deposit purposes.

BSB _____ Name of Account _____
A/C Number _____ Bank _____

Section 18

Declaration

I declare that to the best of my knowledge and belief, the information in this form is true and correct and I understand the claim may be refused or reduced if information is withheld.

I understand that I may have to provide relevant documentation to enable complete consideration of my claim.

I consent to Community Underwriting, Mitsui Sumitomo and their agents using the personal information I have provided on this form for the purposes of processing my claim. Accordingly, I consent to Community Underwriting, Mitsui Sumitomo and their agents obtaining or disclosing my personal information as required with other insurers, insurance reference bureaus, credit reporting agencies, loss adjusters, investigators, lawyers or as required by law to do so.

I declare that I have read and understood the Privacy information and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons covered by this Form. Where personal information has been provided on someone else's behalf, that person has consented to this provision.

Driver's Signature _____ Date ____ / ____ / ____

Signature of insured or person with authority for and on behalf of a company or partnership.

Signature _____ Date ____ / ____ / ____

Position Held _____

Please indicate the number of additional pages attached to this Claim Form _____