



# Community Underwriting

## Community Underwriting Motor Claim Form

### About Community Underwriting

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

### About the Insurer

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Berkley Insurance Australia (Berkley - ABN 53 126 559 706) is part of the Berkley Group of Companies. Founded in 1967 the Berkley Group of Companies is one of the USA's premier commercial lines property and casualty insurance providers. Each of the operating units in the Berkley group participates in a niche market requiring specialised knowledge about a territory or product.

The Berkley Group of companies is led by Berkley Corporation, located in Greenwich, Connecticut, USA. It is listed on the New York Stock Exchange under the symbol WRB. Member companies of the Berkley Group have offices across the USA and in the United Kingdom, South America, Continental Europe, Australia, Singapore and Hong Kong.

### Privacy Statement

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Community Underwriting and Berkley Insurance Australia 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:

Community Underwriting and Berkley Insurance Australia will only use the information in accordance with the terms of the Privacy Policies. Without limiting the application of the Policy Community Underwriting and Berkley Insurance Australia 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 Community Underwriting and Berkley Insurance Australia 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 Community Underwriting and Berkley Insurance Australia 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 Berkley 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 our full Privacy Policy on our website 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 the National Head of Claims at the Sydney address listed below or alternatively send an email to [australiaclaims@berkleyinaus.com.au](mailto:australiaclaims@berkleyinaus.com.au).

Berkley Insurance Australia  
Level 23, 31 Market Street  
Sydney NSW 2000  
Ph: 02 9275 8500  
Fax: 02 9261 2773  
Email: [australia@berkleyinaus.com.au](mailto:australia@berkleyinaus.com.au)  
Web site: [www.berkleyinaus.com.au](http://www.berkleyinaus.com.au)

## GST and Insurance Requirements

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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

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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:

The National Head of Claims  
Berkley Insurance Australia  
P.O Box Q296, QVB Sydney NSW 1230

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](mailto:enquiries@communityunderwriting.com.au)

[www.communityunderwriting.com.au](http://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

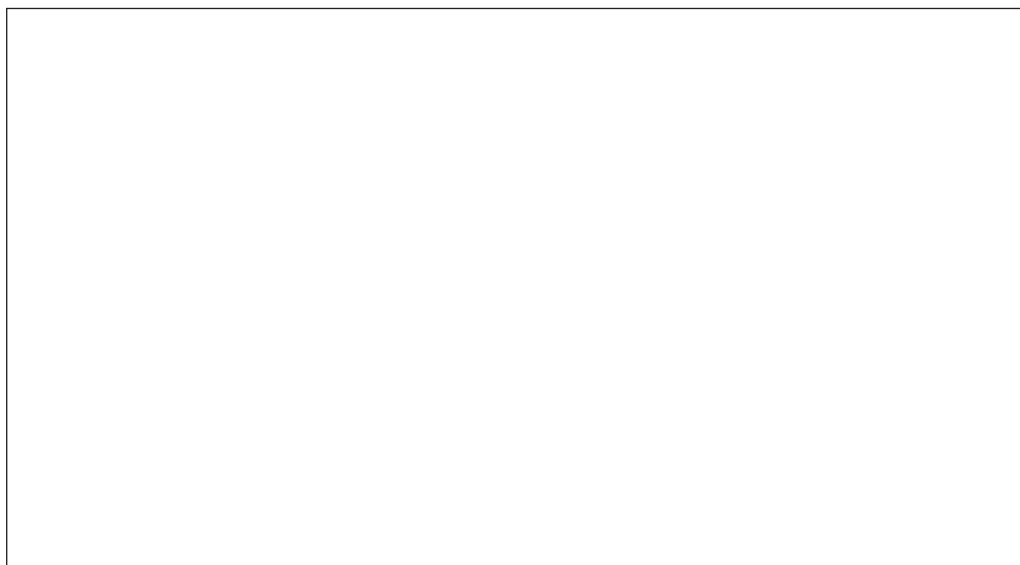
Sketch Diagram of Accident

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

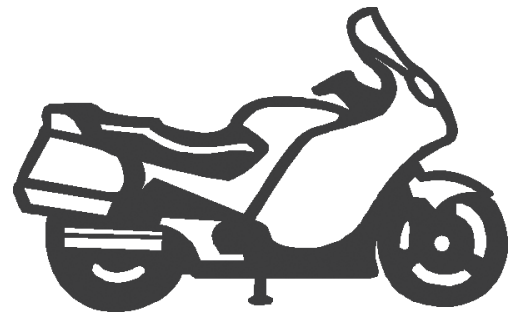
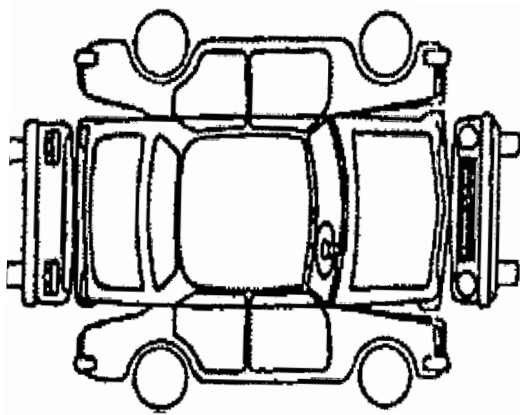
Where is vehicle now? \_\_\_\_\_

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

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Section 11

Other Parties

Was anyone injured in the accident?

No  Yes

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

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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

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Details of the events leading up to theft

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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

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How did the driver travel home after discovering theft? \_\_\_\_\_

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

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Provide details of the damage

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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, Berkley 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, Berkley 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 \_\_\_\_\_