

# CLAIMS PROCEDURES

“CLAIM FORM TO BE COMPLETED IMMEDIATELY”

## VEHICLE DRIVEABLE

- Vehicle to be taken to a [Lumley approved repairer](#).
- Leave claim form with vehicle.
- Repairer will arrange assessment and authorization.

## VEHICLE NOT DRIVEABLE - METROPOLITAN AREA

- Contact Towing Allocation on 131176.
- Vehicle to be towed to nearest [Lumley approved repairer](#).
- Leave a copy of the completed claim form with vehicle.
- Repairer will arrange assessment and authorisation.

## - COUNTRY AREA

- Arrange towing via nearest Towing facility to nearest Lumley repairer.
- Fax / Email Claim Form to Lumley with details of vehicle and/or including quotation.

## IF ANOTHER VEHICLE IS INVOLVED YOUR DRIVER AT FAULT

- Liability is not to be admitted.
- Request the other party to put their demand in writing and to obtain two written quotations.
- Refer any correspondence to Lumley a.s.a.p.

## OTHER DRIVER AT FAULT

- Ensure all particulars are detailed on claim form to enable recovery action to be instituted.

## VEHICLE THEFT

- Ensure police are notified.
- Send or fax claim form to Lumley.
- If vehicle is recovered and is damaged refer above.

## EXCESS PAYMENT

- Where no own damage occurs and Third Party damage involved, an excess may be requested.

## DESCRIPTION OF INCIDENT

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<p><b>Diagram of Incident</b></p> <p>Indicate North  With Arrow</p>	<p><b>LEGEND</b></p> <p>o Stop Sign x Traffic Lights Δ Give Way</p>
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This information is to the very best of my knowledge and belief, true in every respect.

Signature of Driver \_\_\_\_\_ Signature of Authorised Fleet Manager \_\_\_\_\_  
Date ...../...../..... Date ...../...../.....

**Lumley Insurance**  
Level 3, 99 King St, Melbourne 3000  
A.B.N. 24 000 036 279

\*\*\*Please email all new claims to [vicmotor@lumley.com.au](mailto:vicmotor@lumley.com.au) \*\*\*

Your claims contacts are:

<b>Operational Vehicles:</b>	<b>Annie Goel</b>	Phone: (03) 8627 4358	Fax: (03) 8627 4256	<a href="mailto:agoel@lumley.com.au">agoel@lumley.com.au</a>
<b>Executive Vehicles:</b>	<b>Kathleen Knight</b>	Phone: (03) 8627 4211	Fax: (03) 8627 4256	<a href="mailto:kknight@lumley.com.au">kknight@lumley.com.au</a>
<b>Claims Manager:</b>	<b>Janice O'Shannessy</b>	Phone: (03) 8627 4262	Fax: (03) 8627 4256	<a href="mailto:joshannessy@lumley.com.au">joshannessy@lumley.com.au</a>

The information provided on this form will only be used for the management of motor vehicle insurance claims and will be managed in accordance with the Information Privacy principles pursuant to the **Information Privacy Act 2000 (Victoria)**.

**Motor Vehicle Claim Form**  
Please complete all sections clearly in black pen

**1. INSURED State Government of Victoria**

Department \_\_\_\_\_  
 Agency \_\_\_\_\_  
 Region \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Phone No (\_\_\_\_\_) \_\_\_\_\_  
 Fax No (\_\_\_\_\_) \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**Important – Vehicle Classification**

Please tick  Executive  Operational

*Executive means (as defined by the Australian Tax Office). Motor Vehicle of less than 1 tonne, motor cycles, if the vehicles are for use as part of a Remuneration Package (i.e. salary sacrifice by a particular executive officer).*

Name of Executive Officer \_\_\_\_\_

**2. INSURED VEHICLE**

Year, Make & Model \_\_\_\_\_  
 Colour \_\_\_\_\_ Reg No: \_\_\_\_\_ - \_\_\_\_\_

**3. DRIVER**

Employee Number \_\_\_\_\_  
 Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_  
 Home Phone No (\_\_\_\_\_) \_\_\_\_\_  
 Mobile Phone No \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Licence No \_\_\_\_\_ Class \_\_\_\_\_  
 Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Driving Exp.   
 (years)  Y/N

Has the driver attended a company-sponsored driver training course within the last two years?   
 Did the driver consume any alcohol or take any drugs, 12 hours prior to the incident?   
 If Yes, please state how much and when \_\_\_\_\_

Was the driver sober at time of incident?   
 Did the driver undergo a breath or blood test?   
 If Yes, please state the result \_\_\_\_\_

**4. INCIDENT DETAILS**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_ am/pm  
 Where did it occur? \_\_\_\_\_

Suburb/Town \_\_\_\_\_ P/Code \_\_\_\_\_  
 Use of vehicle at time of accident \_\_\_\_\_

Who you consider was at fault and why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Weather at time of incident? \_\_\_\_\_

Did the Police attend the accident? Y/N   
 If No, was this accident reported to the Police? Y/N   
 If Yes, which Police Station? \_\_\_\_\_

Who do Police consider was at fault for the incident?  
 \_\_\_\_\_

What speed were the vehicles doing at the time of the incident?  
 Your vehicle \_\_\_\_\_ kph Other vehicle \_\_\_\_\_ kph

**5. OTHER VEHICLE DETAILS**

Driver \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_  
 Phone No (\_\_\_\_\_) \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Licence No \_\_\_\_\_  
 Registered Owner \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_  
 Year, Make & Model \_\_\_\_\_  
 Colour \_\_\_\_\_ Reg No: \_\_\_\_\_ - \_\_\_\_\_  
 Insurance co. \_\_\_\_\_

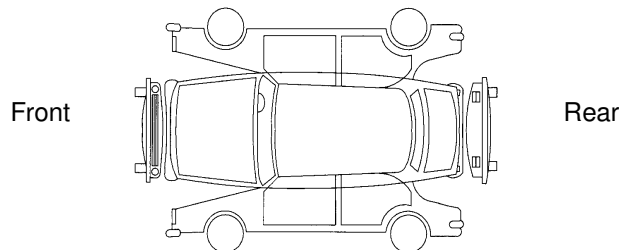
**6. DAMAGE TO OTHER VEHICLE**

Area of damage \_\_\_\_\_  
 Amount of damage \$ \_\_\_\_\_

**7. WITNESS TO INCIDENT**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_  
 Phone No (\_\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_

**Please indicate on the diagram below the accident damage to the insured vehicle.**



Was there any damage to your vehicle prior to the incident? Y/N   
 If Yes, please give details \_\_\_\_\_  
 \_\_\_\_\_

**Where can the vehicle be inspected?** \_\_\_\_\_  
 \_\_\_\_\_