

RENTSURE

RENTSURE PTY LIMITED

ABN 98 059 004 634

ACN 059 004 634

LEVEL 3
345 PACIFIC HIGHWAY
NORTH SYDNEY NSW 2060
PO BOX 1670
NORTH SYDNEY NSW 2059

SPECIALISED MOTOR
VEHICLE COVER AND
RISK MANAGEMENT FOR
THE CAR RENTAL INDUSTRY

TEL: (02) 9460 2200

FAX: (02) 9460 1800

EMAIL: mgr@rentsure.com.au

OUTSIDE SYDNEY AREA:

(1800) 355 646

HEAVY VEHICLE CLAIM FORM

If the vehicle is drivable:

Obtain a quotation from a repairer of your choice, and book your vehicle in to be repaired at a time convenient to yourself and the repairer. Contact Rentsure 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 being assessed.

If there is no damage to your vehicle:

Complete your claim form, and email or fax it (with any correspondence received from the other party) to Rentsure.

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.

SECTION 1 – THE RENTER

Name of Renter: _____

Address: _____

Postcode: _____

Occupation: _____

Telephone No.: _____ Email: _____

Was the vehicle being used with your knowledge or consent? Yes No

Have you or your Company (within the last five years) had any insurance declined, cancelled, endorsed or suspended or had any special conditions imposed?

Yes

No

If Yes, please provide details: _____



SECTION 2 – THE RENTAL VEHICLE

Year: _____	Make: _____	Model/Type: _____
Tare Weight: _____ kg	Registration Number: _____	
Expiry Date: _____	Vin/Engine Number: _____	

SECTION 3 – TRAILER

Type:	<input type="checkbox"/> Flat Top	<input type="checkbox"/> Van	<input type="checkbox"/> Tipper	<input type="checkbox"/> Other _____
Year: _____	Make: _____	Tare Weight: _____ kg		
Registration Number: _____		Serial Number: _____		
What was the vehicle carrying?	_____			
Weight of load:	_____ kg			
Departure point for this trip:	_____			
Anticipated destination for this trip:	_____			
Your normal operating radius:	_____ km			



SECTION 4 – THE DRIVER

Name: _____

Relationship of driver to you: _____

Driver Date of Birth: _____ **Licence Number:** _____

Expiry Date: _____ **State of Issue:** _____

Years licensed in Australia: _____

Years driving experience in this class of vehicle? _____

Has the driver (within the last five years) had any insurance or renewal of insurance or drivers licence declined, cancelled, endorsed or suspended or had any special conditions imposed? **Yes** **No**

If Yes, please provide details: _____

Has the driver ever been charged or convicted of any driving or criminal offence?
 Yes **No**

If Yes, please provide details: _____

Has the driver ever had an accident or made a claim under a Motor Vehicle Policy in the last five years? **Yes** **No (Go to Section 5)**

If Yes, please provide details:

Date	Insurance Company	Details	Amount
			\$
			\$



SECTION 5 – DESCRIPTION OF INCIDENT

Date: _____ **Time:** _____ am/pm

Where did the incident occur? _____

For what purpose was the vehicle being used at the time of the incident?

State fully and clearly how the incident happened. If your vehicle was stolen, give full details of theft: _____

SECTION 6 – THEFT

Are you claiming for the theft of a vehicle? **Yes (Go to Section 10)** **No**

SECTION 7 – ACCIDENT DETAILS

Are you claiming for an accident? **Yes** **No (Go to Section 10)**

Describe the weather at the time of the accident? _____



SECTION 7 – CONTINUED

Width of road at place of accident?

1 lane 2 lanes 4 lanes Other _____

The condition of the roadway?

Wet Dry Rough Other _____

At the time of the accident the vehicle was?

Parked Moving

Estimated speed of your vehicle at the time of impact?: _____ km/hr

Estimated speed of your vehicle 25 metres before impact? _____ km/hr

On what side of the road was your vehicle travelling? _____

Had the driver consumed any intoxicating liquor or taken any drugs during the 12 hours prior to the accident? Yes No

If Yes, list Quantity and Type: _____

Was the driver required to undergo a breath or blood test? Yes No

If Yes, state result: _____

If the accident occurred after dusk, were your headlights on? Yes No

Was a horn sounded or any other warning given? Yes No

If Yes, by whom? _____

What was the condition of the brakes of your vehicle? _____

Were headlights alight on the other vehicle? Yes No

Was a trailer attached to your vehicle at the time of accident? Yes No



SECTION 8 – DAMAGE TO YOUR VEHICLE

Was your vehicle damaged? Yes No (Go to Section 9)

Was your vehicle towed from the scene of the accident? Yes No

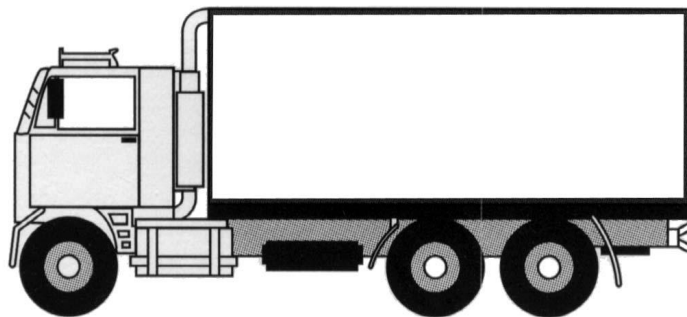
Can your vehicle be safely driven? Yes No

Where is your vehicle now? _____

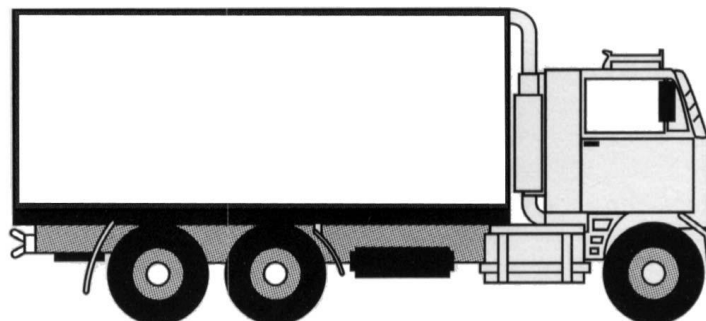
Name of company vehicle towed by? _____

Towing costs? (Attach original invoices) \$ _____

Please shade in damage to insured vehicle (related to this accident)



RIGHT HAND VIEW



LEFT HAND VIEW



SECTION 9 – OTHER VEHICLES

Were any other vehicles involved in the accident? Yes No (Go to Section 10)

If Yes, Who do you consider responsible for the accident and why?

Did either party admit liability? Yes No

Did either party make an offer of payment? Yes No

Has any demand for damage been made against you? Yes No

State other vehicle owner's name: _____

Driver's Name (if different to above): _____

Driver's Address: _____

_____ Postcode: _____

Country: _____

Telephone No.: _____ Mobile No.: _____

Date of Birth: _____ Drivers Licence Number: _____

Name of Insurer: _____

Policy Number (if known): _____

Year: _____ Make: _____ Model: _____

Registration Number: _____ Colour: _____

Nature of damage to third party: _____



SECTION 10 – POLICE INVOLVEMENT

Did a Police Officer attend the incident or was the incident reported at a police station? Yes No

If Yes, state officers name? _____

Time incident reported at police station: _____ am/pm Date: _____

Police Station: _____

Did Police lay any charges against a driver or indicate that action may be taken? Yes No (Go to Section 11)

If Yes, provide details of driver charged and nature of charge:

SECTION 11 – WITNESSES

1. Name: _____

Address: _____

Postcode: _____

Telephone No.: _____ Private _____ Business

2. Name: _____

Address: _____

Postcode: _____

Telephone No.: _____ Private _____ Business

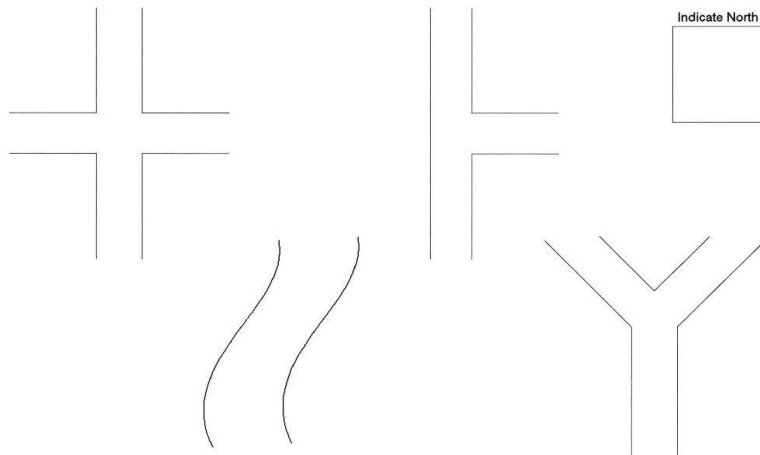


SECTION 12 – SKETCH OF INCIDENT

Complete the sketch below. If necessary, alter the plans to suit your particular incident

Remember to include:

- Centre of roadway
- Location of your vehicle
- Direction of vehicles
- Location and nature of traffic control signs
- Location of other vehicle
- Point of impact (indicate with an 'x')



SECTION 13 - DECLARATION

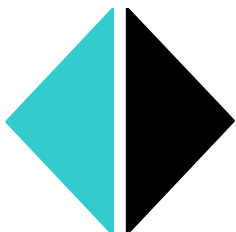
This information is, to the very best of my knowledge, true in every respect.

Signature of driver: _____

Date: _____

Signature of Authorised Manager or Renter: _____

Date: _____



RENTSURE

Level 3
345 Pacific Highway
NORTH SYDNEY NSW 2060
PO BOX 1670
NORTH SYDNEY NSW 2059

TEL: (02) 9460 2200

FAX: (02) 9460 1800

OUTSIDE SYDNEY AREA: (1800) 355 646

Email: claims@rentsure.com.au

Website: www.rentsure.com.au



SECTION 14 – THE RENTAL VEHICLE

TO BE COMPLETED BY THE RENTAL VEHICLE COMPANY

Registration Expiry Date: _____

Vin/Engine Number: _____

When was the vehicle purchased: _____ Purchase Price: \$_____

If the vehicle is subject to a Finance Agreement, what is the name of the Finance Company: _____ Contract Number: _____

Is a speed monitoring device fitted? Yes No

Is a speed limiter fitted? Yes No

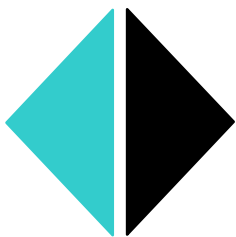
What is the maximum speed? _____ km/hr

Is the vehicle serviced regularly? Yes No

Date of last service: _____

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

Signature of owner: _____ Date: _____



RENTSURE

Level 3

345 Pacific Highway

NORTH SYDNEY NSW 2060

PO BOX 1670

NORTH SYDNEY NSW 2059

TEL: (02) 9460 2200

FAX: (02) 9460 2111

OUTSIDE SYDNEY AREA: (1800) 355 646

Email: claims@rentsure.com.au

Website: www.rentsure.com.au