

Insurance Claim Form



If you wish to make a claim under your Recreational Vehicle / Private Motor policy:

Contact the office of Ken Tame & Associates as soon as is conveniently possible. You will be requested to obtain one quotation from a repairer of your choice and be required to complete the relevant sections as stated below.

Please note to expedite your claim, Ken Tame & Associates need your completed claim form and vehicle repair quotation. E-mail, Fax or Submit your claim on line.

**24 HOUR - 7 DAYS A WEEK
Emergency Towing Assistance
For Accidental or Mechanical Breakdown
Call 1800 731 912**

Sections that must be completed:

- Vehicle Damage / Collision Claims - Complete all sections (excluding sections 10 & 11)
- Vehicle / Personal Belonging Theft Claims - Complete all sections (excluding sections 3, 4, 5, 10 & 11)
- Fusion of Electric Motor Claims - Complete sections 1, 2, 11 & 12 (only)

Privacy

- We respect your privacy and we comply with the Privacy Act and the National Privacy Principles. A copy of your privacy statement is available on our website.

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 claims decision by the IDRC, the matter may be referred to an independent external dispute resolution scheme referred to below, provided the matter falls within their jurisdiction.

The Australian Financial Complaints Authority

Online: www.afca.org.au

Email: info@afca.org.au

Phone: 1800 931 678

Mail: Australian Financial Complaints Authority
GPO Box 3 Melbourne VIC 3001

The Insurance Contracts Act 1984 (as amended) requires you to provide all information, which the insurer 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 on any other aspects of your insurance policy) please contact Ken Tame & Associates directly.

Please note Ken Tame & Assoc. are acting on a binding / claims handling authority given to them by Allianz Australia Insurance Limited ABN - 15 000 122 850 AFS Licence No: 234708 and are therefore acting on their behalf with regard to this insurance.

1. Insured Details

Insured Name

CMCA Member Number

Insured Address

Insured E-mail

Insured Phone Number

Goods and Services Tax:

(a) ABN if applicable

(b) entitlement to an Input Tax Credit in respect of:

(i) Insurance Premium

(ii) Vehicle which is the subject of this claim

2. Insured Vehicle Details

Year of Vehicle

Make of Vehicle

Model of Vehicle

Colour of Vehicle

Registration Number

Finance Company (*if applicable*)

3. Driver Details

Driver Name

Driver Address

Driver Contact number

Driver Date of Birth

Driver's Licence

Expiry Date

Driving Experience (*in years*)

Did the driver consume any alcohol or take any drugs within the 12 hours prior to the incident?

Yes

No

If Yes, please state how much, when & with whom

Was the driver sober at the time of the incident?

Yes

No

Did the driver undergo a breath or blood test?

Yes

No

If Yes, please state the result and attach a copy of the test results

4. Other Party Details *(please provide all details if more than one party)*

Driver Name

Driver Address

Driver Phone Number

Please advise of any other property damage

5. Other Party Vehicle Details

Year

Make

Model

Colour

Registration

Insurance Company

6. Witness Details

Witness Name

Witness Address

Witness Phone number

Where was the witness located at the time of the incident?

7. Police Involvement

Did the Police attend the scene?

Yes

No

If no, was the incident reported to Police?

Yes

No

If yes, which Police Station? *(Please attach police report)*

Who do the Police consider was at fault?

8. Details of the Loss / Damage

Date

Time

am

pm

Where did the loss / damage occur?

Who do you consider responsible for the loss / damage and why?

Describe how the loss / damage occurred?

Was there any damage to your vehicle prior to this loss / damage occurring?

Yes

No

Was your vehicle towed from the accident scene?

Yes

No

If yes, by whom and where was it towed?

Is your vehicle currently at a repair shop?

Yes

No

If yes, at which Repair Shop?

9. Fusion of Electric Motors only

Date of Loss

Place of Loss

Make, type and function of unit

Is the Appliance Under Warranty?

Yes

No

Size or HP of Unit

Approximate Age of Unit

Particulars of Loss

Quote / Replacement Amount \$

10. Declaration

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

Signature of Insured

Date

Signature of Driver

Date