



## Motor Vehicle Insurance Fleet Claim Form

Attention: To be used where University of Sydney, (USYD) vehicle(s) is damaged and/or where another party has suffered damage.  
Important: Make sure you read the back page and sign 13 – Declaration

**The University of Sydney (USYD) Fleet Policy No. 24F1060204**

Claim no: (office use only)

### 1. The Insured

Insured party: **The University of Sydney** USYD Responsibility Centre Number:

\*Refer to website [www.usyd.edu.au/accountants/responsibility\\_centres.shtml](http://www.usyd.edu.au/accountants/responsibility_centres.shtml) for latest listing of the University of Sydney Responsibility Centre numbers

Faculty: \_\_\_\_\_

Department: \_\_\_\_\_

Driver: \_\_\_\_\_

Email: \_\_\_\_\_ Work / Mobile Phone: \_\_\_\_\_

### 2. The Accident

Street or location: \_\_\_\_\_

Date of accident: / / Time: \_\_\_\_\_ am or pm

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

### 3. The University of Sydney Vehicle

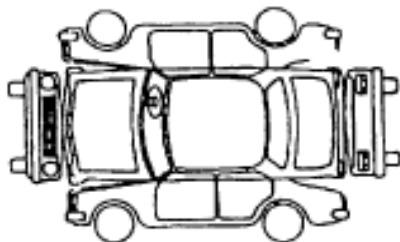
Year:	Make:	Model:	Registration No.:	Body Type: e.g. sedan/4WD	Vin/Chassis No.:	Colour:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What parts of the vehicle have been damaged? \_\_\_\_\_

Is the vehicle at a repairer's premises? \_\_\_\_\_ Yes or No?

If yes, state the name of the repairer: \_\_\_\_\_ Phone: \_\_\_\_\_

Shade in the diagram below damaged areas:



Address of repairer: \_\_\_\_\_

Post Code \_\_\_\_\_

Was any part of the vehicle already damaged before the accident? \_\_\_\_\_ Yes or No

If yes, give details: \_\_\_\_\_

#### 4. The Driver/Custodian

<input type="checkbox"/>	<b>Employee:</b>	<b>Employee No.:</b>	<input type="checkbox"/>	<b>Family Member:</b>	<input type="checkbox"/>	<b>Other:</b>
If other, please provide details:						
<b>Given names:</b>			<b>Surname:</b>			
<b>Occupation:</b>			<b>Address:</b>			
<b>Post Code:</b>						
<b>Home Phone:</b>			<b>Business Phone:</b>			
<b>Date of Birth:</b>	<b>Age:</b>	<b>Driving Experience:</b>		<b>Licence No:</b>	<b>Class:</b>	<b>Expiry Date:</b>
		Yrs		Mths		
<b>Did the driver consume any liquor or drugs within 12 hours before this accident?</b>						<b>Yes or No ?</b>
If yes, how much?						
<b>Did the driver undergo a breath test, breath analysis or blood test?</b>						<b>Yes or No ?</b>
If yes, state the reading:						
<b>Was the driver sober at the time of the accident?</b>						<b>Yes or No ?</b>
Relationship of driver to insured [if not an employee]?						
<b>Was the driver using the vehicle with the insured's knowledge and consent?</b>						<b>Yes or No ?</b>
If no, give details:						
<b>Has the driver been refused insurance previously?</b>						<b>Yes or No ?</b>
If yes, give details:						
<b>Has the driver been involved in any other accidents in the last three years?</b>						<b>Yes or No ?</b>
If yes, attach details:						

#### 5. The towing

<b>Was your vehicle towed?</b>	<b>Yes or No ?</b>	<b>Time:</b>	<b>am or pm ?</b>	<b>Date:</b>	<b>/</b>	<b>/</b>
If yes, by whom?						
To where?						

**Were other vehicles involved in the accident? If yes complete section 6**

**6. Other Parties involved in accident**

Vehicle 1	Year and Make:	Registered No.:	Insurance Company:	Policy No.:	Insurance Type:

What parts of the vehicle have been damaged?

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Was any part of the vehicle already damaged before the accident? Yes or No ?

If yes, give details & shade in the diagram:

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Owner's full name:

Address: Phone No.:

Drivers full name:

Address: Phone No.:

Drivers Licence No.:

Vehicle 2	Year and Make:	Registered No.:	Insurance Company:	Policy No.:	Insurance Type:

What parts of the vehicle have been damaged?

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Was any part of the vehicle already damaged before the accident? Yes or No ?

If yes, give details & shade in the diagram:

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Owner's full name:

Address: Phone No.:

Drivers full name:

Address: Phone No.:

Drivers Licence No.:

**More than 2 vehicles – Please supply details on a separate sheet**

**Was there damage to property other than a motor vehicle?** Yes or No ?

Owner's name:

Address:

Description of property damaged::

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## 7. Related circumstances

Estimated speed at impact	km/h	Other vehicle	km/h
If after sundown, was the scene of the accident well lit?			Yes or No ?
Was the roadway wet?			Yes or No ?
Was the vehicle being used for Business use?			Yes or No ?
Was the road surface sealed?			Yes or No ?

## 8. Reporting to police

Which police station was told of the accident?

Constable's name:

Event No.:

If known, is any police action pending?

Against whom?

Charged?

Did the police attend the accident?

Whom do the police consider responsible?

## 9. Witnesses

Number of persons in insured vehicle?

In the other vehicle?

1 Name:

Phone:

Address:

2 Name:

Phone:

Address:

### Independent Witnesses

1 Name:

Phone:

Address:

2 Name:

Phone:

Address:

## 10. Responsibility

What did the other driver say about the cause of the accident?

Whose fault do you think it was?

Why?

Did you admit fault or liability?

Yes or No ?

Did the other driver?

Yes or No ?

Has any verbal or written claim been made to you?

Yes or No ?

If yes, give details (on a separate sheet if necessary):

## 11. Injuries

Was any person injured?

Yes or No ?

If yes, give brief details below then complete the Compulsory Third Party (CTP) Report of Accident form available from the current CTP Insurer Allianz Australia as per web site <http://www.allianz.com.au/allianz/CICTNS+CTP+Claims.html>

**Please retain a copy of the completed CTP form/s.**



### Procedure Steps

1. Refer to the University of Sydney – Audit and Risk Management web site:  
[http://www.usyd.edu.au/audit\\_risk/insurance/motor/claim\\_procedures.shtml](http://www.usyd.edu.au/audit_risk/insurance/motor/claim_procedures.shtml) where an electronic USyd Motor Vehicle Fleet insurance claim form is located. Complete the claim form answering all questions.
2. Email your completed Motor Vehicle Insurance Fleet Claim Form [attaching scanned copy of completed/sign claim form] to the USYD preferred smash repairer to process. [Fax claim form when email not available]. The USyd preferred smash repairers for Sydney metropolitan are as follows:
  - **24 Hour Accident Assist (24/7 Accident Assistance Nationally)**  
Phone/Fax No. 02 9758 8499  
Phone No. 1800 622 120  
Email No. [stephenb@24hourassist.com.au](mailto:stephenb@24hourassist.com.au)  
Website [www.24hourassist.com.au](http://www.24hourassist.com.au)
  - **BPS Autobody (24/7 Accident Assistance)**  
Phone No. 02 9791 9777  
Accident Helpline No. 1800 015 055  
Email No. [customerservice@bpsautobody.com](mailto:customerservice@bpsautobody.com)  
Fax No. 02 9791 9717  
Website [www.bps.com.au](http://www.bps.com.au)

**Note: USYD Department should complete a claim form within 5 business days and retain a copy of the form for the department file.**

3. Within 24 hours the repairer will forward the completed motor vehicle claim form plus the repair quotation to USyd's Insurer CGU, preferably electronically via email, arrange an assessment /inspection of the damage/quote and obtain a claim number.
4. The repairer will contact you with an agreed date to repair the vehicle and arrange pick up of the USyd vehicle if still drivable.
5. The Pickup and delivery point for the Sydney campus is (G12) Services Building. Refer to the Map below. Keys to be handed into the services building reception area level 2 between 7am and 5pm. (Vehicles will be secure over night)
6. The repairer will provide you with a courtesy vehicle.
7. Claims involving vehicles outside the Sydney metropolitan area is to be sent direct to CGU Insurance; **however you will be required to manage and follow the claim number up yourself.**

T: 1300 308 124  
Fax: 1300 789 794  
Email: [cgumotorfleet@iag.com.au](mailto:cgumotorfleet@iag.com.au)

CGU will arrange for a professional smash repairer and organize the inspection and repairs to your vehicle. **This should be confirmed by CGU within 3 business days from your first contact with CGU.**

If you are experiencing any problems please contact Audit & Risk Management  
[http://www.usyd.edu.au/audit\\_risk/about/staff/insurance.shtml](http://www.usyd.edu.au/audit_risk/about/staff/insurance.shtml)

8. **Any accumulation damage losses, i.e. damage to a University vehicle arising out of more than one incident will not be accepted as one claim. Accumulation claims will be borne by the University of Sydney Department.**

#### Further Responsibility:

If a driver is charged by the police after this form is completed they must notify their Manager/ Head of Department who in turn must notify the CGU office as above (quoting the claim number if known or date of accident and USYD vehicle Registration No.)

**Prepared in conjunction by: Audit and Risk Management, (K07) and Fleet Management Office, (G12)**

**For urgent advice please contact Audit & Risk Management**  
[http://www.usyd.edu.au/audit\\_risk/about/staff/insurance.shtml](http://www.usyd.edu.au/audit_risk/about/staff/insurance.shtml)

