

**COMMONWEALTH BANK
Motor Vehicle Accident Procedures
and Claim Form**

If your vehicle requires towing or if you have any enquiries regarding the accident, please phone

**Lumley Insurance
Accident Assist
1 800 652 256
24 HRS-7 DAYS A WEEK**

and we will:

- arrange for the damaged vehicle to be towed to your nominated repairer
- arrange for the driver to be returned to their office or residence
- arrange to have the vehicle quoted, assessed and repaired
- arrange to have the repaired vehicle returned to the driver
- provide a guarantee of all repairs completed at a Lumley Insurance Network Repairer.

If the vehicle is driveable

Obtain a quotation from your nominated repairer and book your car in to be repaired at a time convenient to yourself and the repairer. Ask the repairer to contact Lumley and arrange an assessment for the day upon which the vehicle is booked in. **Where possible, leave a copy of the claim form with the repairer prior to it being assessed.**

If there is no damage to your vehicle

Complete your claim form in accordance with normal procedures, and post it with any correspondence received from the other party to our office.

Please complete accident description overleaf

8. DESCRIPTION OF ACCIDENT

.....

.....

.....

.....

.....

.....

.....

Diagram of Accident

Indicate North



with Arrow

LEGEND

- Stop Sign
- ✕ Traffic Lights
- △ Give Way

Privacy Statement

This information will be treated with confidentiality and will only be released as per the requirements of the General Insurance Information Privacy Principles. We collect and store the information for the sole purpose of maintaining your Insurance details. If you require any further information, please contact your local Lumley state office.

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

Signature of driver

Authorised Manager Sign off
(Pool/Business Case Vehicle Only)

Date / /

Date / /

Wesfarmers General Insurance Limited ABN 24 000 036 279

SYDNEY	Lumley House, Level 9, 309 Kent Street, Sydney 2000	Phone: (02) 9248 1111	Fax: (02) 9248 1122
NEWCASTLE	Suite 19, 50 Glebe Road, The Junction 2291	Phone: (02) 4925 7500	Fax: (02) 4940 0295
MELBOURNE	Level 3, 99 King Street, Melbourne 3000	Phone: (03) 8627 4333	Fax: (03) 8627 4312
ADELAIDE	465 Pulteney Street, Adelaide 5000	Phone: (08) 8228 1700	Fax: (08) 8228 1777
PERTH	Level 9, 50 St George's Terrace, Perth 6000	Phone: (08) 9220 8222	Fax: (08) 9220 8251
BRISBANE	Level 2, Melbourne Street, South Brisbane QLD 4101	Phone: (07) 3307 4800	Fax: (07) 3307 4850
TOWNSVILLE	Level 5, Northtown Tower, Flinders Mall, Townsville 4810	Phone: (07) 4722 6000	Fax: (07) 4724 4398
LAUNCESTON	Level 1, 27 Paterson Street, Launceston 7250	Phone: (03) 6345 4700	Fax: (03) 6345 4711
CANBERRA	Level 4, 10 Rudd Street, Canberra ACT 2600	Phone: (02) 6279 0333	Fax: (02) 6279 0330
DARWIN	Level 2, Beagie House, 38 Mitchell Street Darwin NT 0800	Phone: (08) 8946 4600	Fax: (08) 8946 4666

PMA PROOF

Commonwealth Bank Motor Vehicle Accident Claim Form

Please complete all sections in black pen

1. INSURED - COMMONWEALTH BANK A.B.N. 48 123 123 124

Bank division

FRM , GHR , IBS , IFS , IIS , OCEO , PFS ,
RBS , TGM , OTHER _____

State

ACT NSW NT QLD SA TAS VIC WA

Branch/Dept. Name _____

Branch/Dept./RCN No.

2. DRIVER - (THE BANK'S VEHICLE)

Employee People Soft Staff ID number _____
Family Member Other

Name _____

Address _____

Postcode _____

Phone No. () _____

Date of Birth / / Licence No. _____

Class _____ Expiry Date / /

Driving Exp. (years) _____

Did the driver consume any alcohol or take any drugs 12 hours prior to the accident? Yes No

If **Yes**, please state how much and when _____

Was the driver sober at time of accident? Yes No

Did the driver undergo a breath or blood test
If **Yes**, please state the result? Yes No

3. BANK VEHICLE

Year, Make & Model _____

Colour _____ Rego. No. _____

Finance Co. (if applicable) _____

Is the Vehicle either a: (**must be completed**)

Salary Sacrifice Business Case Pool Vehicle

4. OTHER VEHICLE DETAILS

Driver _____

Address _____

Postcode _____

Phone No. () _____

Date of Birth / / Licence No. _____

Registered Owner _____

Address _____

Postcode _____

Phone No. () _____

Year, Make & Model _____

Colour _____ Rego. No. _____

Insurance Company _____

5. DAMAGE TO OTHER VEHICLE

Area of damage _____

Amount of damage \$ _____

6. WITNESS/ES TO ACCIDENT

Name _____

Address _____

Postcode _____

Phone No. () _____ Age _____

7. ACCIDENT DETAILS

Date / / Time _____ am/pm

Where did it occur _____

State _____

Precise purpose of journey

To/from work Bank Business Other

Describe _____

Who do you consider was at fault and why? _____

Weather at time of accident: _____

Did the Police attend the accident? Yes No

If **No**, was this accident reported to the Police? Yes No

If **Yes**, which Police Station? _____

Who do Police consider was at fault for the accident? _____

What speed were the vehicles doing at the time of the accident?

Your vehicle _____ kph Other vehicle _____ kph

Please indicate on the diagram below the accident damage to your vehicle



Was there any damage to your vehicle prior to the accident?
If **Yes**, please give details
