



# **360 Commercial Motor Claim Form**



360 Commercial Motor Pty Ltd **ABN** 78 626 251 616 is an Authorised Representative (**AR** 1266050) of  
360 Underwriting Solutions Pty Ltd **ABN** 18 120 261 270, **AFSL** 319181  
The Forum, Level 3, 240 Pacific Highway, Charlestown, NSW 2290

# 360 Commercial Motor Claim Form



## In the Event of a Claim

- + Please take immediate and reasonable steps to ensure that no further damage or loss occurs to the property;
- + No repairs are to be commenced without our consent;
- + If any third party holds you responsible for their loss or damage, please ask them to put their claim in writing;
- + Do not admit liability to any third party and do not disclose that you may have insurance in place;
- + Any salvage remains the property of the insurer;
- + Contact your Broker if you are unsure about any matters relating to completion of this Claim Form.

## How to Fill in the Claim Form

- + The completion of this form does not constitute policy acceptance by the insurer;
- + Failure to notify a matter immediately after the event or after you become aware of the event may enable the insurer to reduce or avoid any liability incurred;
- + This Claim Form should be completed in full and honestly. Please sign and return it to your Broker as soon as possible with any relevant photos and attachments;
- + If insufficient space is provided, please attach separate sheet(s) and sign and date each sheet attached;
- + Incomplete, illegible or unclear answers will delay processing of your claim;
- + To ensure prompt action, please submit ALL documentation to [360commercialmotor@insurx.com.au](mailto:360commercialmotor@insurx.com.au)

## General Insurance Code of Practice

In accordance with our binding authorities, where we act on behalf of the insurer, we are bound by the General Insurance Code of Practice. The Code is designed to set minimum standards of practice and service in the insurance industry.

Further information about the Code can be obtained from [www.codeofpractice.com.au](http://www.codeofpractice.com.au)

## Agent of Insurer

In accordance with the requirements of the *Corporations Act 2001*, 360 Commercial Motor Pty Ltd in arranging or effecting this insurance or dealing with or settling claims will be acting under an authority given to it by certain insurers. Accordingly, 360 Commercial Motor Pty Ltd will be acting as an agent of the insurers and not an agent of the insured.

## Complaints and Dispute Resolution

We view seriously any complaint made about our products or services and will deal with it promptly and fairly.

If you have a complaint please first try to resolve it by contacting the relevant member of our staff.

If the matter is still not resolved, please then contact our Internal Disputes Resolution Officer on **1800 411 580** or by email at [idr@360uw.com.au](mailto:idr@360uw.com.au) or by writing to us at the address for 360 Commercial Motor Pty Ltd. They will seek to resolve the matter in accordance with the General Insurance Code of Practice and our Dispute Resolution procedures.

If the matter is still not resolved, or you are not satisfied with the way a complaint has been dealt with we will provide you with information about the Australian Financial Complaints Authority (AFCA) including their contact information.

## Privacy Statement

We are committed to protecting your privacy in accordance with the *Privacy Act 1988 (Cth)* and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. By executing this document you consent to collection, use and disclosure of your personal information in accordance with our Privacy Policy. If you do not provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, your application for insurance may not be accepted, we may not be able to administer your services/products, or you may be in breach of your duty of disclosure.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information including transfer overseas and provision to necessary third parties as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at [www.360uw.com.au](http://www.360uw.com.au)

Please access and read this policy. If you have any queries about how we handle your personal information or would prefer to have a copy of our Privacy Policy mailed to you, please ask us.

If you wish to access your file please ask us.

## Policy Details

* Insured	ABN	Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
To what extent can you claim an input tax credit on your insurance premiums?		
<input type="text"/>		
%		
Address		
<input type="text"/>		
City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
* Contact Name	* Telephone	
<input type="text"/>	<input type="text"/>	
* Mobile	Fax	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Insurance Broker

Name of your Insurance Broker		
<input type="text"/>		
Address		
<input type="text"/>		
City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Name	Telephone	
<input type="text"/>	<input type="text"/>	
Mobile	Fax	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

\* Mandatory fields must be completed

## Driver details

Mr     Mrs     Miss     Ms

Surname       Given name(s)

Occupation       Telephone No. (work)

Licence No. (attach copy)       Expiry date       Date of birth       Age

Have you ever been convicted of any traffic offence or had your licence suspended?

No     Yes    If Yes, please give details

Had you consumed any intoxicating liquor or taken any drugs during the eight hours prior to the accident?

No     Yes    If Yes, please give details

Were you required to undergo a breath test analysis?

No     Yes    If Yes, what was the result?

If the driver is not the Insured, was the vehicle being driven with the Insured knowledge and consent?      No       Yes

Use of vehicle at the time of accident/loss      Business       Private

Preferred contact for the claim      As above

(360 Commercial Motor may contact this contact for an assessment)

Name

Email

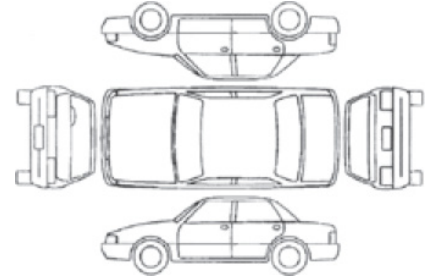
Phone

## Your vehicle details

Registration No.  Reg. Expiry date

Vehicle type

Vehicle make



(Indicate areas damaged)

## Third party details

Drivers name  Telephone No.

Address

Owners name  Telephone No.

Address

State  Postcode

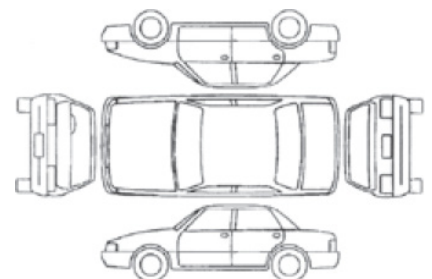
Name of insurance company

Policy No.

Licence No.  Date of birth

Registration No.

Vehicle type  Vehicle make



(Indicate areas damaged)

Description of damage to vehicle (\*if more than one vehicle involved attach details)

## Accident details

Date of accident

Time of accident

 am/pm

Place of accident

Town/Suburb

Speed at time of accident

Your Vehicle  k/mh      Other Vehicle  k/mh

Traffic Signal Given? Your vehicle

No       Yes

Traffic Signal Given? Other vehicle

No       Yes

Weather conditions    Sunny       Overcast       Raining

Otherwise

Conditions of road    Wet       Dry       Rough

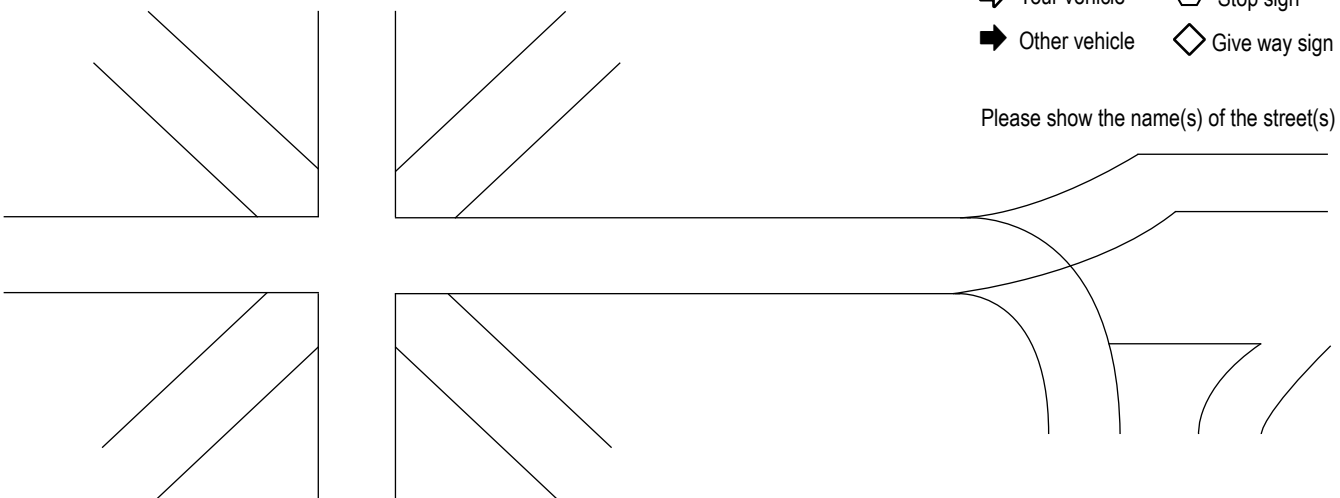
Otherwise

Describe accident circumstances

Sketch plan of accident in this space

- Person(s)
- Your vehicle
- Other vehicle
- Traffic lights
- Stop sign
- Give way sign

Please show the name(s) of the street(s)



## Witness

Were there any witnesses to the accident?

No  Yes

Witness 1 name

Witness 1 address

<input type="text"/>	State	Postcode
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Independent  Your vehicle  Third party vehicle

Witness 2 name

Witness 2 address

<input type="text"/>	State	Postcode
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Independent  Your vehicle  Third party vehicle

**Note: Passengers in your Vehicle**

Phone contact

(Other witnesses please attach details)

## Police

Were Police advised of the accident?

No  Yes

Did Police attend the accident?

No  Yes

Police station

If Yes, Police report #



## Electronic Funds Transfer Details

Following 360 Commercial Motor's approval of your claim, your claim benefits can be transferred directly into your bank account. Please provide the following details:

Name of Financial Institution	Account Name	
<input type="text"/>	<input type="text"/>	
BSB	Account No	Bank SWIFT code (if required)
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Declaration and Authorisation

I declare that to the best of my knowledge and belief the details given are true, correct and complete in every respect. I understand that if a claim is intentionally exaggerated or fraudulent the claim may be refused and no payment will be made.

I confirm that I have read and understood the Privacy Statement and consent to the collection, storage, use and disclosure of personal and sensitive information to all persons affected by this claim. I understand that if I do not agree to the collection of this personal information then 360 Commercial Motor Pty Ltd and/or the Insurer(s) it acts as agent for will be unable to process the claim.

* Signature of Insured	<input type="text"/>
* Date	<input type="text"/>
* Print Name	<input type="text"/>
* Signature of Witness	<input type="text"/>
* Date	<input type="text"/>
* Print Name	<input type="text"/>

\* Mandatory fields must be completed





# 360

Commercial Motor

**NSW**

Suite 3, Level 18, 201 Kent St  
Sydney, NSW 2000

The Forum, Level 3  
240 Pacific Highway  
Charlestown, NSW 2290

Level 4, 161 Walker St  
North Sydney, NSW 2060

**VIC**

Suite 4, 400 Canterbury Rd  
Surrey Hills, VIC 3127

**QLD**

Level 12, 324 Queen St  
Brisbane, QLD 4000

**WA**

PO Box 864  
Joondalup DC, WA 6919

**SA**

PO Box 3100  
Unley, SA 5061

