



Motor Vehicle Insurance Claim Form

P: 1300 586 539 F: 1300 847 566 E: leaseplanclaims@lumley.com.au

Please complete all sections and email or fax to Lumley Insurance

Privacy: How your privacy and personal information will be managed is set out in your PDS and Policy terms.

1. LEASEPLAN VEHICLE

Registration Number.....
Department..... Dept. Contact Name.....
E-mail Phone Fax
Make and Model..... Year..... Colour.....
Odometer..... Number of Occupants.....

2. LEASEPLAN VEHICLE DRIVER DETAILS

Name of Driver..... Dept / Section
Phone Mobile E-mail / fax
ÖUÓ ~~BE~~ ~~XXXXXXXXXX~~ years driving..... Licence No Expiry
Nominated driver (Executive Lease)? Yes No
Did you consume any alcohol or take any drugs 12 hours prior to the accident? Yes No
Did you undergo a breath or blood test analysis? Yes No If so, what was the reading?

3. ACCIDENT DETAILS

Date..... Time.....AM/PM Street / Suburb
Road surface Lighting..... Weather conditions
Was your vehicle towed? Yes No If yes, by whom?
Was this accident reported to the Police? Yes No Did Police Attend? Yes No
Police Station Name/Number of Officer.....
Who do Police consider responsible for the accident? Unknown Driver Other Party Both
Is Police action pending? Yes No If so, what and against whom?
Who do you consider responsible for the accident? Unknown Driver Other Party Both
Why?

4. INJURED PERSONS

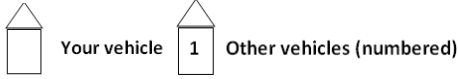
Were there any persons injured? Yes No If yes, in which vehicle? LeasePlan Other

5. DESCRIPTION OF ACCIDENT (If required, please attach separate sheet)

.....
.....
.....

ACCIDENT DIAGRAM - Instructions

Sketch of accident scene



- * Show direction of travel by arrow →
- * Solid line: path of vehicle before accident: _____
- * Dotted line after accident - - - - -
- * Show approximate distance and direction of any landmarks, and identify by name
- * Number pedestrians and show as circle (1)

6. WITNESSES TO ACCIDENT (attach list if more than one)

Name..... Age Phone (Daytime)

Address..... Postcode.....

7. OTHER VEHICLE

Driver Name Phone..... (H)(W)

Address..... Postcode

Licence No..... Expiry DOB

Registered owner name Phone..... (H)(W)

Address..... Postcode

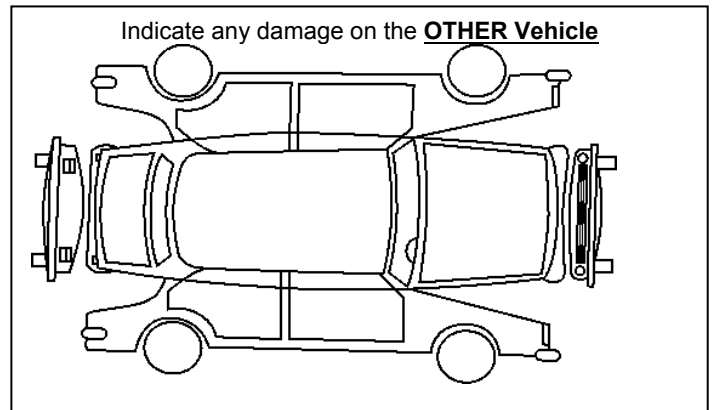
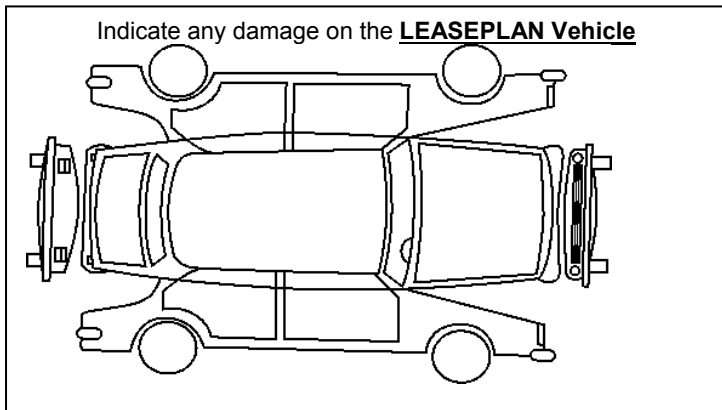
Make / Model of vehicle..... Registration number

Insurance company..... Policy / Claim Number

8. VEHICLE DAMAGE

Describe YOUR damage

Describe YOUR pre-existing damage prior to the accident



Driver's Declaration - I declare that use of the vehicle was authorised and the information contained in this form is true in every aspect.

SIGN HERE

Signature of Driver

Date: _____

You must now send to your Supervisor to authorise.

Management Declaration (not required for Executive or Novated Lease) - I declare that the vehicle was being used in accordance with this agency's guidelines on the use of motor vehicles, or the driver was an approved "nominated driver"

Printed Name of Supervisor / Custodian

SIGN HERE

Signature of Supervisor / Custodian (e. g. Fleet Mgr, SES Officer)