



# RENTAL FLEET OPERATOR CLAIM FORM

Authorised representative of the insured only to fully complete and sign form.

Please ensure all relevant questions are answered

## Your Privacy

We will maintain a record of your personal needs and any recommendations made by you. This information and any claim details may be passed on to the Insurer. As authorised representatives for The Hollard Insurance Company Pty Ltd ABN 78 090 584 473 AFSL 241436, we are committed to ensuring the confidentiality and security of your personal details. A copy of our Privacy Policy is available on request. You may request access to information held by us about you, by contacting us.

## Your Checklist (The following documents must be attached to claim form and forwarded to our office)

- Hirer Collision or Damage Report Form (completed and signed by Hirer & Driver in control of vehicle);
- A copy of the front and back page of the Hire Agreement;
- One quote (if vehicle comprehensively insured);
- A copy of the vehicle's registration certificate (if the vehicle is comprehensively insured and damage is over \$5,000);
- Third Party Demands (if applicable).

**IMPORTANT NOTE:** Do **NOT** respond to any third party correspondence or contact if you intend on lodging a claim. Pass all relevant information to Vehicle Hire Insurance for immediate attention. Please contact Vehicle Hire Insurance if you need any help to complete this form. If there is insufficient space to answer any question, please attach a separate piece of paper.

## The Insured Operator

Vehicle insured in the name of \_\_\_\_\_

Head Office Postal Address \_\_\_\_\_ Post Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Contact Name \_\_\_\_\_

Email \_\_\_\_\_

Branch Location \_\_\_\_\_

Postal Address \_\_\_\_\_ Post Code \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Contact Name \_\_\_\_\_

ABN Number \_\_\_\_\_

ITC \_\_\_\_\_ % Note in relation to ITC% - If you are a registered business for GST purposes, show your percentage entitlement to claim input tax credits in relation to GST paid on the premium for the items subject to this claim

## The Insured Vehicle

Reg Number \_\_\_\_\_ Engine Number \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Hire Agreement Number \_\_\_\_\_ Place where rented \_\_\_\_\_

Does any other party have an interest in the vehicle? (e.g. by way of H.P. Lease etc.)

Name of Finance Company	Branch	Contact Number	Type of Interest

## Assessment Location

Where can the vehicle be inspected during business hours? \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Location \_\_\_\_\_

## Theft (By Hirer)

Whose custody was the vehicle in when stolen? \_\_\_\_\_

Has an arrest been made? Yes  No  Has the vehicle been recovered? Yes  No

If yes Date \_\_\_ / \_\_\_ / \_\_\_ Is it damaged? Yes  No

Extent of damage \_\_\_\_\_

Do you believe the hirer was involved in the theft of the vehicle? Yes  No

If Yes, when did you become aware of this? \_\_\_\_\_

How did you become aware \_\_\_\_\_

## Theft (Other than By Hirer)

From where was the vehicle stolen \_\_\_\_\_

Has an arrest been made? Yes  No  Has the vehicle been recovered? Yes  No

If yes Date \_\_\_ / \_\_\_ / \_\_\_ Is it damaged? Yes  No

Extent of damage? \_\_\_\_\_

## Police Details

Police Station \_\_\_\_\_ Phone \_\_\_\_\_ Police Officer \_\_\_\_\_

Incident Number \_\_\_\_\_ Date Reported \_\_\_\_\_

## The Hirer

Has the hirer paid you all outstanding charges? Yes  No

Has the hirer completed and signed a Hirer Collision or Damage Report Form? Yes  No

In your opinion is the hirer in breach of the rental agreement? Yes  No

If in breach why? What section of terms and conditions have been breached? \_\_\_\_\_

## Declaration and Signature

I/We hereby authorise you as my/our Insurer to remove the vehicle to any place of storage or repair and take any other action you consider necessary to implement repair or reinstatement of the vehicle.

I/We hereby authorise Vehicle Hire Insurance to obtain or provide information relevant to insurance related matters or claims history from or to another insurance company.

For and only for the purpose of investigating this claim I/We give Vehicle Hire Insurance or their service providers permission to access such personal information that is relevant to the claim and is held by the emergency services and other appropriate authorities in each State or Territory. Emergency services comprise: police, ambulance, state emergency services and metropolitan, rural, or country, fire authorities.

Signature of Insured \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

## Dispute Resolution Process

It is our aim to provide a quality service to you, our customer. In the event we do not achieve our aim or you have a complaint and we cannot resolve the matter with you, we have a dispute resolution process that you can access. You can contact us on (07) 3239 7000 for further information. Full details also appear in the policy document under How we resolve your complaint.