

# Claim Form

Submit your claim to DriveAway Holidays by:

Email: [custserv@driveaway.com.au](mailto:custserv@driveaway.com.au)

Fax: 02 9929 8152

Post: DriveAway Holidays Customer Service, PO Box 1321, North Sydney, NSW 2059



Your road to freedom

Phone: 1300 723 972

## ALL SECTIONS MUST BE COMPLETED

### PART 1: GENERAL INFORMATION

#### SECTION A: POLICY & PERSONAL INFORMATION

Name of Policy Holder / Organisation:  Policy No:

Title:  Surname:  Given Name/s:

Residential Address:

Suburb:  State:  Postcode:

Telephone No: Home:  Mobile:  Business:

Email:  Date of Birth:

DriveAway Voucher Number:

Collection Date:  /  /  Return Date:  /  /

#### SECTION B: PAYMENT METHOD

Please tick preferred form of payment for refund:  Cheque:  Nominated payee (cheque):

Direct Payment: Bank:  Account Name:

Branch Number:  Account Number:

#### SECTION C: EXCLUSIONS

**In common with most car rental suppliers, DriveAway Hire Car Excess Insurance does not cover:**

- a single incident to windows, wheels, tyres, the roof, underside and interior of the vehicle, towing charges or damage / theft caused negligently, wilfully or recklessly.
- any claims where the vehicle (including 4 wheel drives) is taken off-road or on unsealed surfaces.
- driver negligence whereby the driver is under the influence of alcohol or other substances. In addition, the driver of the vehicle must meet the requirements of the car rental supplier as shown on the Rental Agreement provided on collection of the rental vehicle.
- theft covers the vehicle only and not personal items.
- keys lost and/or damaged are not covered.
- Consideration will be given to refund tyres only if the supplier includes the tyre repairs in their excess charges. Receipts for tyre replacement or repairs covered under a separate receipt obtained by a client will not be included for refund under this policy.

## PART 2: INCIDENT INFORMATION

To avoid a delay in processing your claim the following documentation is required. DriveAway Holidays will assist you should you have difficulty obtaining the car rental supplier's invoice and final repair invoice.

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| <input type="checkbox"/> Car rental company's signed Rental Agreement showing the excess that was payable. | <input type="checkbox"/> If another party was at fault, written confirmation from them of their details and agreement that compensation is payable by them. |
| <input type="checkbox"/> The supplier's invoice showing the excess charged.                                | <input type="checkbox"/> Copy of the repairer's itemised invoice showing the final repair costs.  |
| <input type="checkbox"/> A copy of an incident report and / or a police report if available - see Part 3.  | <input type="checkbox"/> A copy of your credit card statement showing the charges that have been debited.   |

NOTE: It is important to be aware that the initial charges you receive from the supplier might be the full excess. However once repairs are completed and the true repair cost is known the supplier will refund directly to a client the difference between the excess charged and the final repair costs. Accident & Health Insurance will therefore only refund the final repair costs. DriveAway Holidays and Accident & Health are not liable for any loss due to currency conversions between the initial charge and the final refund from Accident & Health.

Date of Incident:   /   /   Time:  Location:

Please advise how the accident / damage / theft occurred:

Did the damage occur whilst on an unsealed surface?: Yes:  No:

Excess you were liable to pay:  Final Repair Costs:  Amount you are claiming:

Was another party at fault?: Yes:  No:

If yes, please provide the name and address of the party at fault as well as their insurance details if known:

## PART 3: POLICE REPORT

Did the Police attend the accident?: Yes:  No:  N/A:

Police Report / Event Number:

## PART 4: YOUR DECLARATION - MUST BE COMPLETED AND SIGNED

### The Insurer

This policy is underwritten by Accident & Health International Underwriting Pty Ltd ABN: 26 053 335 952 AFS Licence: 238261 who act on behalf of CGU Insurance Ltd ABN: 27 004 478 371 AFS Licence: 238291.

### Dispute Resolution Statement

Accident & Health International Underwriting Pty Ltd is an agent for CGU Insurance Limited who is a signatory to the General Insurance Code of Practice developed by the Insurance Council of Australia. If you have a dispute and after talking to Accident & Health International Underwriting Pty Ltd staff you are still dissatisfied and you wish to take the matter further we have a Complaints and Dispute Resolution Procedure which undertakes to provide an answer to your concerns within fifteen (15) working days. If you are not satisfied with our dispute resolution process, we will advise you on how to contact the insurance industry's external independent complaints scheme. Access to the Dispute Resolution scheme is free of charge to you.

### Declarations and Authorities

#### Privacy:

The Privacy Act 1988 requires us to tell you that on behalf of the Insurer we collect your personal information and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims we may have to disclose and obtain your personal and other information to and from third parties such as other insurers, reinsurers, loss adjusters, medical attendants, external claims data collectors, investigators and agents, to the Insurance Reference Services (IRS), or other parties as required by law. You have the right to seek access to your personal information and to correct it at any time. Please contact Accident & Health and advise us of the changes.

#### Declaration:

I/We certify that the information given in this form is truthful accurate and complete. No information likely to affect this claim has been withheld.

I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

Date: 

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Signature of the Insured:

Date: 

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Signature of the Claimant: