



Insuret

HIRE 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 Insuret for immediate attention. Please contact Insuret 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 Insuret 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 Insuret 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.