CENTRAL
INSURANCE BROKERS
"Your Asset Protector"

MOTOR VEHICLE CLAIMS PROCEDURE

PROCEDURE FOR "OWN DAMAGE" CLAIMS

Where the vehicle **is not** able to be driven, have it towed to a place of repair and leave the completed claim form with the vehicle. The assessor will collect the claim form when inspecting the vehicle and agreeing the cost of repairs with the repairer.

Where the vehicle **is** able to be driven, make Central Insurance Brokers aware of the day when the vehicle will be available for assessment at the repairers' premises. Leave the quotation and claim form documentation (ensuring your ABN No. and Input Tax Credit entitlement are included) with the vehicle. It will assist your insurers to have twenty-four (24) hours notice of a request for assessment.

SETTLEMENT

Unless otherwise instructed, repair accounts will be settled directly with the repairer by your insurers. Settlement of claims in respect of vehicles which are deemed to be a total loss will be made with you and/or your financier, depending upon whether any amount is owing on the vehicle.

PROCEDURE FOR THIRD PARTY PROPERTY DAMAGE CLAIMS

Under no circumstances should any liability to third parties be admitted. Details of claims from third parties should be forwarded immediately to Central Insurance brokers.

If a Third Party is at fault and the claim is below your deductible or you do not wish to claim under your insurance, proceed as follows:

1. Obtain a quotation for repairing your vehicle.
2. Send a Letter of Demand and the repair quotation to the Third Party.
3. Keep a copy of the quotation and the letter.
4. If the Third Party pays the cost of repairs the matter is settled.
5. If they ignore the letter of demand, you should send a second letter about seven (7) days after the first one.
6. If they ignore the second letter, we advise referring the matter to your solicitor.

Sample letters of demand are provided in the following pages.

MOTOR VEHICLE THIRD PARTY PROPERTY DAMAGE CLAIM

SAMPLE FIRST LETTER OF DEMAND

“WITHOUT PREJUDICE”

dd/mmm/yyyy

<insert Other Party's Name>
<insert Address>

Dear <insert Name>,

We are the owners of <insert type of vehicle and registration number> which was damaged in a collision with a vehicle driven by you <insert type of vehicle and registration number> and owned by <insert Name>.

The collision occurred at <insert location> at <insert time> am/pm on dd/mmm/yyyy.

We are holding you liable for the cost of repairing the damage to our vehicle and seek payment of $ <insert amount> from you, being the cost of repairs as shown on the enclosed quotation.

To avoid further action, please make payment to us or arrange for your Insurer to do so within fourteen (14) days from the date of this letter.

Yours faithfully,

<insert Name>

MOTOR VEHICLE THIRD PARTY PROPERTY DAMAGE CLAIM

SAMPLE SECOND LETTER OF DEMAND

"WITHOUT PREJUDICE"

Date

Other Party's Name
Address

Dear

In our letter dated / /20 we requested that you or your Insurer pay the cost of repairs to our vehicle by / /20 .

As we have not received any settlement, we are now informing you that we may take legal action against you. Unless we receive the amount claimed, namely $ within seven (7) days, we will instruct our solicitors to commence proceedings for the recovery of our cost of repairs plus legal costs, without further notice.

Yours faithfully,

DRIVER'S PROCEDURE
The following driver procedure should be kept in the glove box of each vehicle:

This information is supplied to assist in having your vehicle repaired as soon as possible, and to assist your insurer where appropriate to recover the cost of your repairs from the other driver involved in the accident. It will also assist the insurance manager in your own office to prepare the necessary claim form.

AT THE SCENE OF THE ACCIDENT:

1. **DO NOT ADMIT LIABILITY.**

2. Comply with Police reporting requirements.

3. If another vehicle is involved, obtain:

   (i) The owner's name, address and telephone number.

   (ii) The driver's name and address.

   (iii) The name of the owner's insurance company.

   (iv) The make, type and registration number of the vehicle.

   (v) The name and address of any witnesses.

4. Record the date, time and location of the collision.

Notify the insurance manager in your own office immediately and assist him in completing a claim form.