

Insured Details

Name:

Address:

Phone:

ABN Number:

Input Tax Credit %:

Driver Details

Driver Name:

DOB:

Phone:

Licence Number:

Licence Class:

Expiry Date:

No. of Years of Licenced:

Has the driver had any traffic convictions license suspensions or cancellations in the past 5 years? Yes/ No

If yes, please provide details:

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

Not at Fault?

Please obtain the full details of the other driver at the scene to ensure 'excess waiver' be applied on the claim.:

- Name
- Address
- Phone
- Registration Number

Need a Replacement Vehicle?

We are happy to arrange this for your convenience. Full details of coverage will be discussed upon submission of your claim.

We Are Here To Assist You

To be able to process your claim in a timely manner, you must:

- Supply us with all information we require to settle or defend your claim
- Be truthful with disclosing all information to our office

Code of Practice

Under the General Insurance Code of Practice, GSK have 10 working days from receipt of your claim to conduct an assessment or respond to your enquiry however we will endeavour to update you earlier if possible provided all required information is submitted at time of incident.

Code of Conduct

At GSK Courier Claims, we are committed to resolving all claims matters promptly and professionally.

We request that claimants communicate respectfully with our staff. Abusive, hostile or threatening behavior will not be tolerated. Such conduct may impact our ability to assist you effectively.



Courier Claims Guide

Help when you need it



177 Great Eastern Hwy, Belmont WA 6104
Hotline: 1300 220 212
Email: courierclaims@gskinsurance.com.au

Vehicle Details

Registration Number:

Make:

Model:

Other Driver Details

Name:

Address:

Phone:

Car Make/Model:

Rego No:

Insurer:

Other Driver Details

(If applicable)

Name:

Address:

Phone:

Car Make/Model:

Rego No:

Accident Description

Date:

Time:

Address:

Did Police Attend?

If Yes, Police No:

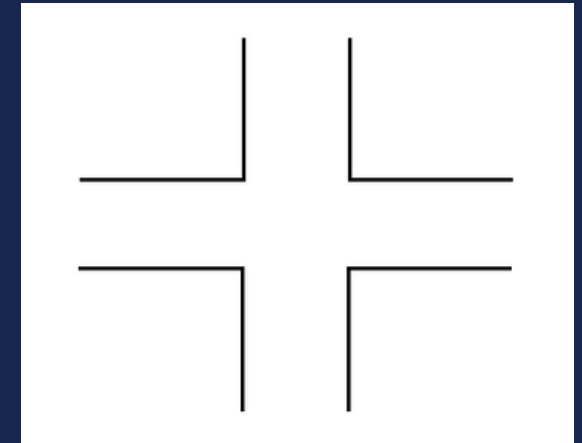
Please provide details of what happened:

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

Sketch of Accident Scene

Draw a simple diagram:

- Mark your vehicle as A
- Mark other vehicles involved as B, C, D etc.
- Name the streets and any landmarks



Extent of Your Damage (Please mark with a X)

