

Insurance Claim Form

GT Insurance Policy CPG20206919



Email completed claim form along with any other supporting documentation to jake.lee@gtins.com.au (Claims Consultant, GT Insurance)

Contact name				
Contact Details	Mobile			
	Email			
Date of Incident				
Time of Incident				
Location of Incident				
Vehicle details	Make/Model		Rego	
	Year		VIN	
If you have photos of your vehicle and/or the third party vehicle, please email with this claim form				
Current location of your vehicle			Do you have dashcam footage of the incident	
Describe damage to your vehicle				
Your vehicle-Driver details	Name		DOB	
	Licence Number		Number of years licensed	
	Licence Class		Is the licence current?	
Alcohol or Drugs	Were drugs or alcohol consumed in the previous 12 hours?			
	Breathalyser / Blood test taken:			
Police	Did police attend the incident?		Police Report Number	

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Third Party Details	Name of Owner	
	Name of Driver	
	Address of Driver	
	Mobile Phone of Driver	
	Make/Model	
	Rego Number	
	Third party vehicle insurer	
	Describe damage to third party vehicle/property	

**** Full incident Description Required ****

Detailed Incident description	
Diagram	