

GIO Claim Notification Guide – Motor

Date of Procedure: June 2015
Version: 1.0

Table of Contents

GIO Claims Notifications– Motor	3
Treasury Managed Fund (TMF)	4
What is a claim?	4
What is a Motor Vehicle?	4
Roles & Responsibilities	4
Claims Manager	4
TMF Agencies	4
Delegated Authority	4
Lodging Claims	5
Important notes:	5
How to notify GIO of a new damage claim	5
What happens next?	5
Claim Number	6
Policy Details	6
Claim Contacts	7
Agency Driver Details	8
Claim Details	9
Claim Details (continued)	10
Claim Details Continued	11
Repairer Details	12
Other Party Details	13
Other Party Details (Continued)	14
Independent Witness Details	14
Declaration	15
Privacy Statement	15
Contact Details as at January 2015	16
Frequently Asked Questions	17

GIO Claims Notifications – Motor

This GIO Claims Notification Guide for Motor claims is not part of the Treasury Managed Fund (TMF) Statement of Cover. It is to assist TMF Agencies by providing a guide to completing a Claim Form.

Note: The content of this document is based on the coverage provided under the TMF Statement of Cover.



This document contains information on the following:

- ▶ Treasury Managed Fund
- ▶ Roles & Responsibilities
- ▶ How to complete a Claim Form
- ▶ Claims Online

Treasury Managed Fund (TMF)

The Treasury Managed Fund (TMF) is the NSW Government's self-insurance scheme.

Established in 1989, the TMF provides broad protection for all asset and liability exposures (except Compulsory Third Party (CTP) motor vehicle insurance) to TMF Agencies. Cover is provided for loss or damaged incurred on or after 1 July 1989 or the date the agency joined the TMF.

What is a claim?

The Statement of Cover defines a claim as:

- ▶ A request by a TMF Agency for cover, payment or benefit provided by the TMF under the Statement of Cover.

What is a Motor Vehicle?

- ▶ A mechanically propelled vehicle designed for use on land only, its standard tools and accessories and extends to include trailers, caravans and any vehicle used in substitution of a vehicle covered by the Statement of Cover, similar to the vehicle which it replaces, whilst that vehicle is not in use as a result of a claim under the Statement of Cover.

Roles & Responsibilities

Claims Manager

The Claims Manager under the current contract is GIO. GIO are contracted to provide a wide range of services to meet the operational needs of the TMF.

In relation to claims, GIO's fundamental role is to manage claims and maintain appropriate records (e.g. case estimates of outstanding claims). In addition, GIO will provide TMF Agencies with information, tools and assistance to manage their risks.

TMF Agencies

In broad terms the role of the TMF Agencies in relation to claims management is to promptly notify claims and potential claims to GIO.

This means providing GIO, within agreed timeframes, all claims information necessary to effectively manage claims.

Importantly, TMF Agencies also have an obligation to ensure that appropriate risk management resources are available by conducting regular risk assessments and performing risk management tasks for all exposures.

Delegated Authority

The Director NSW Self Insurance Corporation has delegated a financial authority to GIO as the Claims Manager.

- ▶ Unless prior agreement has been reached with the NSW Self Insurance Corporation and recorded in the TMF Agency profile, no TMF Agency has delegated authority to spend, or commit to spend TMF Funds without the consent of GIO.
- ▶ The granting of cover, under the Statement of Cover, by GIO does not provide any authority to the TMF Agency to make any admission, offer, promise or payment; nor does the acceptance of liability by GIO provide any authority to the TMF Agency to make any admission, offer, promise or payment.
- ▶ Each and every time a TMF Agency seeks to make an admission, offer, promise or payment, approval must be first sought from GIO.
- ▶ Any past approval provided by GIO does not equate to a future approval should the proceedings not resolve.

Lodging Claims

GIO should be notified as soon as possible of any new or potential claims. If you are unsure whether or not to lodge a claim, please contact your Client Services Manager at GIO.

Important notes:

- ▶ Claim notifications should be submitted, in writing, as soon as possible to ensure that the claim is efficiently and effectively managed.
- ▶ Where mandatory fields on the Motor Vehicle Claim/Notification form have not been completed, this will delay the management of the claim.
- ▶ The Motor Vehicle Claim form is an editable PDF document; you can type your information straight into the document and save it.
- ▶ Please email the completed claim form and supporting claim documentation to: TMFMotorClaims@suncorp.com.au or submit the claim via Claims Online at www.claimsonline.gio.au
- ▶ Where all required and/or requested claim information is not received within 6 weeks of the initial claim GIO will be unable to assess the claim and the claim will be closed.
- ▶ If you are unsure whether to lodge a claim or not, please contact your Client Services Manager at GIO.


How to notify GIO of a new damage claim

- ▶ Using this document has a guide, complete a Motor Vehicle Claim/Notification Form.
- ▶ The Claim Form must include ALL the mandatory information.
 - a. Mandatory fields are noted on the Claim Form by an asterisk (*).
- 2. Gather Supporting documentation where applicable;
 - ▶ Copy of the Police Incident Report
 - ▶ Witness Statement(s)
 - ▶ Investigation reports undertaken by the TMF Agency prior to notifying GIO
 - ▶ Quotes/Invoices
- 3. Email the Claim Form, along with all supporting documentation to or submit the claim to TMFMotorClaims@suncorp.com.au via Claims Online at www.claimsonline.gio.com.au

What happens next?

1. GIO will issue an acknowledgment email **within 3 working days** of receipt of the new claim.
2. The acknowledgement email will contain important details including:
 - ▶ Who will manage your claim.
 - ▶ GIO claim number.
 - ▶ Request for information which has been omitted from the claim form.

Claim Number



Claim Number

Please note: A separate claim form MUST be completed for each claimed incident. Please submit this claim form and additional documentation through **Claims Online** or email TMFMotorClaims@suncorp.com.au. For any further questions please call 1800 045 514.

Are repairs proceeding immediately?* Yes ☐ No ☐ Please advise estimated repair date mm yy

Field	Information Required	Reason
Claim Number	Provide the Claim Number that was generated through Claims Online. This is only required if the claim was lodged via Claims Online.	Required to lodge the claim without creating a duplicate.
Are repairs proceeding immediately? If yes, provide a date.	Yes or No response to advise if the vehicle will or has been booked for immediate repairs with a smash repairer.	Identifies if the vehicle requires immediate repairs or if it does not need to get repaired immediately.

Policy Details

POLICY DETAILS

Agency name*

Policy number*
Cost centre number(s)

Field	Information Required	Reason
Agency Name *	Provide the TMF Agency name that the Agency is commonly known as.	This is a mandatory field that GIO use to identify the Agency when lodging the claim.
Policy Number *	Provide the policy number that belongs to the Line of Business the claim is being lodged under.	This is a mandatory field that GIO use to identify the Agency and the Line of Business when lodging the claim.
Cost Centre Number(s)	Provide the Cost Centre number(s), if the TMF Agency has one.	For reporting purposes.

Claim Contacts

CLAIM CONTACTS			
Reported by:			
Name*			Date* <input type="text"/> / <input type="text"/> / <input type="text"/>
Agency Claim Contact/Fleet manager:			
Name*			
Address*		Suburb	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone number*	(<input type="text"/>) <input type="text"/>	Email	<input type="text"/>

Field	Information Required	Reason
Name *	Provide the name of the person who reported the claim. This <u>does not</u> need to be the same person who is the contact of the claim.	Identifies the reporter the aid GIO should the Claims Officer need to clarify the claim details.
Date *	Provide the date the claim was reported to GIO.	Aids GIO in the assessment of the claim.
Name *	Provide the name of the Claim Contact at the TMF Agency who will be the point of contact.	Aids GIO to be able to make contact with the correct person to manage the claim.
Address (including Suburb and Postcode)	Provide the address of the Claim Contact at the TMF Agency.	Ensures that all GIO are able to issue any correspondence to the correct person and address.
Phone Number *	Provide the telephone number(s) of the Contact at the TMF Agency who will be the point of contact.	Ensures that all GIO are able to contact to the correct person and address.
Email *	Provide the email address of the Claim Contact.	Ensures GIO are able to issue correspondence electronically to allow for fast and proactive claims management.

Agency Driver Details

AGENCY DRIVER DETAILS			
Agency Driver's name*	<input type="text"/>	Agency Driver's date of birth*	<input type="text"/>
Agency Driver's licence number*	<input type="text"/>	State*	<input type="text"/>
Valid licence* Yes <input type="checkbox"/> No <input type="checkbox"/>	Years of driving experience*	<input type="text"/>	
Gender* Male <input type="checkbox"/> Female <input type="checkbox"/>			
Phone number*	<input type="text"/>	Email	<input type="text"/>

Field	Information Required	Reason
Agency Driver's Name *	Provide the name of the person driving the vehicle at the time of the incident.	Identifies the details of the incident.
Agency Driver's Date of Birth *	Provide the date of birth of the person driving the vehicle at the time of the incident.	Identifies the details of the incident.
Agency Driver's licence number, including the State and Expiry date *	Provide the drivers licence number of the person driving the vehicle at the time of the incident.	Identifies the details of the incident and reporting.
Valid Licence and years experience *	Yes or No response on if the licence of the driver was valid at the time of the incident, including how many years experience held.	Identifies the details of the incident and reporting.
Gender *	Provide the gender of the driver.	Identifies the details of the incident and reporting.
Phone	Provide the contact number of the driver.	GIO may use these details if further clarification on the incident is required.
Email	Provide the email address of the driver.	GIO may use these details if further clarification on the incident is required.

Claim Details

CLAIM DETAILS			
Date of incident*	<input type="text"/>	Time of incident*	<input type="text"/> AM <input type="radio"/> PM <input type="radio"/>
Address of the incident* <input type="text"/>			
<input type="text"/>	Suburb*	<input type="text"/>	Postcode* <input type="text"/>
Who was responsible for the incident?*			
Other Party at fault <input type="checkbox"/>		Agency at fault <input type="checkbox"/>	
Vehicle details:			
Vehicle is*	Agency owned <input type="checkbox"/>	Leased <input type="checkbox"/>	End of lease <input type="checkbox"/>
If leased with whom? <input type="text"/>			
Make*	<input type="text"/>	Model*	<input type="text"/>
Year*	<input type="text"/>	Colour*	<input type="text"/>
Vehicle Registration No.*	<input type="text"/>		V.I.N* <input type="text"/>
Sensitive claim <input type="checkbox"/> Type eg. Media <input type="text"/>			

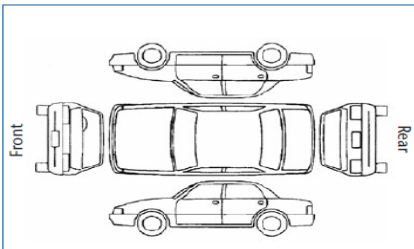
Field	Information Required	Reason
Date of Incident *	Provide the date the incident occurred.	Required for lodgement purposes.
Time of Incident *	Provide the time the incident took place. If the time is unknown, provide an estimated time.	Required for lodgement purposes.
Address of the Incident *	Provide the address of the location of where the incident occurred.	Required for lodgement purposes.
Who was responsible for the incident? * Other Party at fault; Agency at fault	Select the best option to describe who was at fault of the incident.	Required for lodgement and recovery purposes.
Vehicle is * Agency Owned; Leased; End of Lease; If Leased with whom?	Provide details regarding the status of the Agency vehicle. If leased, provide the name of who the vehicle is leased through.	Required for assessment and recovery purposes.
Make, Model, Year and colour *	Provide the details of the vehicle.	Required for assessment of the vehicle.
Vehicle Registration Number *	Provide the registration number of the vehicle.	Required to identify the vehicle.
V.I.N *	Provide the vehicle identification number of chassis number of the vehicle involved in the accident.	Required to identify the vehicle
Sensitive claim (including Type)	Select the box if the claim is sensitive. If yes, provide details of why.	Required to identify the vehicle and for assessment purposes.

Claim Details (continued)

CLAIM DETAILS (CONTINUED)	
<p>In words, provide the full accident description (What has happened?)*</p> <div style="background-color: #e6f2ff; height: 200px; border: 1px solid #add8e6;"></div> <p>Please include your speed, traffic signals involved and any other material facts relevant to the incident.</p>	<p>Draw a diagram of the accident scene*</p> <div style="height: 200px; border: 1px solid #add8e6;"></div> <p>Please include a legend for any symbols used in your diagram to assist with our understanding of the accident scene.</p>
<p>Please include any photos from the scene of accident.</p>	

Field	Information Required	Reason
In words, provide the full incident description (What has happened?) *	Provide a detailed description of what happened to cause the accident, including speed, traffic signals involved and any other material facts relevant to the incident.	Required for assessment of the vehicle and making a claims decision.
Draw a diagram of the incident scene *	Provide a drawing of the incident scene, including the position of the Agency Vehicle, Third Party Vehicle and location of signage/lights.	Required for assessment of the vehicle and making a claims decision.

Claim Details Continued

<p>Damage to Agency vehicle* (Please mark damaged area on the diagram)</p> 	<p>Description of damage* (scratch/dented etc)</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Conditions of accident:</p> <p>Road surface?* eg. wet/dry/sealed/dirt/gravel <input style="width: 150px;" type="text"/></p> <p>Weather conditions?* eg sunny/rain <input style="width: 150px;" type="text"/></p> <p>Visibility?* eg fog/rain <input style="width: 150px;" type="text"/></p>
--	---

Field	Information Required	Reason
Damage to the Agency vehicle	Provide an indication of the damage to the Agency vehicle.	Required for assessment of the vehicle.
Description of damage	Provide a written description of the damage to the Agency vehicle.	Required for assessment of the vehicle.
Road Surface and Weather conditions	Provide a description of the road surface, weather conditions and visibility and the time of the incident.	Required for assessment of the vehicle.

Is the vehicle driveable?* No ☐ Yes ☐ Was the vehicle towed?* No ☐ Yes ☒ Tow company*

Vehicle towed to* Vehicle duty

Was the driver breath tested?* No ☐ Yes ☒ If, yes: reading eg. 0.04*

Police report number if incident attended by police

Police station/officer's name:

(All incidents for theft, break and entry and malicious damage must be reported to the Police).

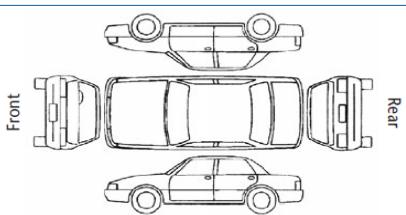
Field	Information Required	Reason
Is the vehicle driveable? *	Yes or No response on if the Agency vehicle is drivable following the incident	Required for assessment purposes.
Was the vehicle towed? Vehicle towed to *	Yes or No response on if the Agency vehicle was towed and the address of its location.	Required for assessment purposes.
Has the driver been breath tested? If yes, reading	Yes or No response on if the Agency Driver was breath tested at the scene. If Yes, provide the reading.	Required for assessment and recovery purposes.
Police report number if incident attended by police, including the Police Station/Officers name	If Police have attended the scene of the incident, provide the details of the report and who it was reported to.	Required for assessment and recovery purposes.

Repairer Details

REPAIRER DETAILS			
Repairer name	<input type="text"/>		
Address	<input type="text"/>	Suburb	<input type="text"/>
Phone number	<input type="text"/>	Postcode	<input type="text"/>
Special instructions	<input type="text"/>		

Field	Information Required	Reason
Repairer Name	Provide the name of the repairer of the Agency vehicle.	GIO may need to contact the repairer.
Address, including Suburb and Postcode	Provide the address of the repairer of the Agency vehicle.	GIO may need to contact the repairer.
Phone Number	Provide the contact number of the repairer of the Agency Vehicle.	GIO may need to contact the repairer.
Special Instructions	Provide any special instructions to help with the assessment of the claim. For example: A particular repairer may be the only one able to supply particular decals.	GIO may need to contact the repairer.

Other Party Details

OTHER PARTY DETAILS	
NB: ONLY complete this section if OTHER PARTY was involved.	
Other party	
Gender*	Male <input type="checkbox"/> Female <input type="checkbox"/>
Driver name*	<input type="text"/>
Date of birth*	<input type="text"/> / <input type="text"/> / <input type="text"/> Phone number* <input type="text"/> (<input type="text"/>) <input type="text"/>
Address	<input type="text"/>
Suburb	<input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Licence number*	<input type="text"/>
<div> <div>Damage to other party vehicle* (please mark damaged area on the diagram)</div> <div>  </div> </div>	
Vehicle owner name	<input type="text"/> Registration number* <input type="text"/>
Vehicle owner address <input type="text"/>	
Is the vehicle driveable?* No <input type="checkbox"/> Yes <input type="checkbox"/> Was the vehicle towed?* No <input type="checkbox"/> Yes <input type="checkbox"/>	
Vehicle towed to* <input type="text"/>	
Vehicle make	<input type="text"/> Model <input type="text"/> Year <input type="text"/> Colour <input type="text"/>
Insurer	<input type="text"/> Policy number <input type="text"/>

Field	Information Required	Reason
Damage to the other party vehicle	Provide the details of the damage to the other party vehicle.	For assessment and recovery purposes.
Gender; Driver Name and Driver Date of Birth *	Provide the third party's details, including name, date of birth and gender.	For assessment and recovery purposes.
Phone number *	Provide the best contact number for the Third Party.	For assessment and recovery purposes.
Address including Suburb and Postcode	Provide the address details of the Third Party.	For assessment and recovery purposes.
Licence number	Provide the Third Party licence number.	For assessment and recovery purposes.
Vehicle owner name; Registration Number and Vehicle owner address	Provide the details of the Third Party vehicle.	For assessment and recovery purposes.
Is the vehicle drivable? *	Yes or no response if the Third Party vehicle was driveable following the incident.	For assessment purposes.
Was the vehicle towed? * If yes, Where was the vehicle towed to?	Yes or no response on if the vehicle was towed. If yes, provide the details on where the vehicle was towed to.	For assessment and recovery purposes.
Vehicle make; Model; Year and Colour	Provide the details on the Third Party vehicle.	For assessment and recovery purposes.
Insurer and Policy Number	Provide the details of the Third party insurer and Policy Details, if applicable.	For assessment and recovery purposes.

Other Party Details (Continued)

NB: ONLY complete this section if other vehicle is insured for business purposes

Is the other party registered for GST?* No ☐ Yes ☐ What is their ABN*

If yes, can they claim an ITC entitlement %?* No ☐ Yes ☐ Specify the amount claimed* %

Complete this section ONLY if the Third Party is insured for business purposes.

Field	Information Required	Reason
Is the other party registered for GST? If yes, can they claim an ITC entitlement % and Specify the amount claimed.	Yes or No response on if the other party is registered for GST purposes. If yes, provide a response on if they are entitled to claim ITC on the percentage.	For assessment and recovery purposes.
What is their ABN?	If the Third Party is registered for GST purposes, provide the ABN.	For assessment and recovery purposes.

Independent Witness Details

INDEPENDENT WITNESS DETAILS

NB: ONLY complete this section if there was an INDEPENDENT WITNESS

Name* Phone number* ()

Field	Information Required	Reason
Name *	Provide the name of any witnesses to the incident.	For assessment purposes.
Phone Number *	Provide the phone number of any witnesses to the incident.	For assessment purposes to contact the witness to clarify details.

Declaration

DECLARATION		
I declare that the information provided is correct.		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature*	Print Name*	Date*

Field	Information Required	Reason
Signature *	Provide the signature of the TMF Agency member who has completed the Claim Form.	Provides authorisation to lodge the Claim to GIO.
Print Name *	Provide the printed name of the person at the TMF Agency who has completed the Claim Form.	Ensures that GIO can contact the correct person should any details on the Claim Form need clarification.
Date *	Provide the date that the declaration was made.	For reporting purposes and aids GIO in the assessment of the claim.

Privacy Statement

The Privacy Statement will provide details to the TMF Agency on:

- ▶ How information is collected, stored and shared.
- ▶ What happens if you don't provide your personal information.
- ▶ How we handle your personal information.
- ▶ Overseas Disclosure.
- ▶ How to access and correct your personal information or make a complaint.
- ▶ How to contact us.

Contact Details as at August 2015

GIO Motor Claims Email: TMFMotorClaims@suncorp.com.au

OR

Claims Online: claimsonline.gio.com.au

Please contact your Client Services Manager if you have a question about the Claim Form or lodging a claim.

Primary

Edward Dunaj

Phone: (02) 8121 3678

Mobile: 0467 720 652

Email: edunaj@gio.com.au

Mona Bechara

Phone: (02) 8121 3611

Mobile: 0467 724 411

Email: mbechara@gio.com.au

Greg Conway

Phone: (02) 8121 3677

Mobile: 0467 724 049

Email: greg.conway@suncorp.com.au

Michael Novakovski

Phone: (02) 8121 3238

Mobile: 0467 726 182

Email: mnova@gio.com.au

Kyria Poulos

Phone: (02) 8121 1230

Mobile: 0467 721 992

Email: kpoulos@gio.com.au

Frank Farhart

Phone: (02) 8121 3683

Mobile: 0467 723 612

Email: frank.farhart@suncorp.com.au

Vatin Zima

Phone: (02) 8121 0667

Email : vzima@gio.com.au

Health

Sandra Myk

Phone: (02) 8121 3630

Mobile: 0467 721 168

Email: smyk@gio.com.au

Michael Dizon

Phone: (02) 8121 0872

Mobile: 0457 533 834

Email: mdizon@gio.com.au

Sejal Parikh

Phone: (02) 8121 0841

Mobile: 0467 813 204

Email: sparikh@gio.com.au

Narelle Simpson

Phone: 02 8121 0676

Mobile: 0477 703 943

Email: Narelle.SIMPSON@suncorp.com.au

Frequently Asked Questions

1. Is there a timeframe requirement for lodgement of claims post incident?

- ▶ Yes, under Section 9.1(b) the Claims Manager is to be notified in writing of all losses, damage within 12 months of the date of the loss or damage; however we recommend the TMF Agency lodge the claim with GIO at the time of the incident.

2. Is there a minimum claim amount?

- ▶ Yes, under Section 8.1 of the Statement of Cover, every claim is subject to a minimum amount claimable of \$300 excluding GST.

3. Are there any exclusions under TMF?

- ▶ Yes, there are a number of exclusions which apply under Section 6.4 of the Statement of Cover, including but not limited to:
 - ▶ Loss of use, depreciation, wear and tear, rust or corrosion, mechanical or electrical breakdowns, failures or breakages; or
 - ▶ Damage to tyres by application of brakes or by road punctures, cuts, deflation or bursts

4. Are Agencies required to have their vehicle repaired at time of incident?

- ▶ No, Agencies may keep the vehicle on the road until a suitable time can be made for the repair to take place, except where a Third Party is involved in which case repairs must be undertaken as soon as possible.

5. If we choose to keep our car on the road and repair at a later stage, do we obtain a quote at time of claim lodgement?

- ▶ No, a repair quote is not required until such time the vehicle is to be repaired.

6. Do I need to advise GIO if we don't wish to have the vehicle repaired at time of incident?

- ▶ Yes, you are required to advise GIO of estimated repair date at time of claim lodgement. If no date is provided and the vehicle is leased from State Fleet, GIO will use the end of vehicle lease date for repairs.

7. Can a third party (repairer) forward the claim form to GIO

- ▶ This will result in delays of lodgement, assessment and repairs. We recommend the TMF Agency lodge the claim with GIO at the time of incident.

8. Is the Agency driver required to obtain third party details at the time of an incident?

- ▶ Yes these details are critical in ensuring that GIO are able to obtain recovery from the third party at fault. Inability to obtain recovery impacts on the agency contributions. – Drivers must obtain all third party details to maximise third party recoveries. It is also a New South Wales Road Rule requirement to exchange drivers particulars with other parties involved in a motor vehicle collision.

9. Is authorisation for repairs provided by GIO?

- ▶ Yes, authorisation is provided by GIO once the vehicle is quoted and assessed, except for windscreens – these can be replaced by the agency at the time the damage is sustained, and the agency can claim immediate reimbursement from GIO.

10. What happens if Agencies authorise the repairs directly?

- ▶ If agencies do not await authorisation from GIO & proceed with repairs, under GST laws, they will be required to pay for the repairs and then seek reimbursement from GIO.

NB: Agencies may be at risk of full financial exposure to the claim if authorisation is not provided prior to repairs proceeding where liability is not granted.

