

# Accident and Claims Management Implementation

This form must be returned (electronically) to your Relationship Manager



## CUSTOMER DETAILS

Customer name

ABN

Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode

## CUSTOMER COST CENTRES

Cost centre 1	<input type="text"/>
Cost centre 2	<input type="text"/>
Cost centre 3	<input type="text"/>
Cost centre 4	<input type="text"/>
Cost centre 5	<input type="text"/>
Cost centre 6	<input type="text"/>
Cost centre 7	<input type="text"/>
Cost centre 8	<input type="text"/>
Cost centre 9	<input type="text"/>
Cost centre 10	<input type="text"/>
Cost centre 11	<input type="text"/>
Cost centre 12	<input type="text"/>
Cost centre 13	<input type="text"/>
Cost centre 14	<input type="text"/>
Cost centre 15	<input type="text"/>
Cost centre 16	<input type="text"/>
Cost centre 17	<input type="text"/>
Cost centre 18	<input type="text"/>
Cost centre 19	<input type="text"/>
Cost centre 20	<input type="text"/>

If more than 20 cost centres, provide a separate spreadsheet

## FLEET MANAGER DETAILS

Fleet Manager

Phone number

Fax number

Email address

## INSURANCE DETAILS

### SELF INSURED

Special instructions for approving claims

Self insured limit (if applicable)

Insurer name after limit exceeded

Policy number

Driver excess

### THIRD PARTY INSURED

Insurer name

Policy number

Driver excess

Special instructions

## TOYOTA FLEET MANAGEMENT CONTACT DETAILS

### RELATIONSHIP MANAGER DETAILS

Name

Office phone number

Fax number

Mobile phone number

Email address

### SALES SUPPORT REPRESENTATIVE DETAILS

Name

Office phone number

Fax number

Email address