

Novated Vehicle Expense Claim

If you have any enquiries or questions, please call 1300 888 870
or email reimbursements@toyota.com.au

CUSTOMER DETAILS

Name	Toyota Fleet Management contract no.	Vehicle registration no.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Postcode
<input type="text"/>		<input type="text"/>
Daytime contact phone number	Email address	
<input type="text"/>	<input type="text"/>	

REQUEST DETAILS – Select ONE option below

Direct Payment Request of Registration/Insurance

Complete this section **only** if you require Toyota Fleet Management to make a direct payment on your behalf to renew your motor vehicle registration or comprehensive insurance.

Please ensure that you send the registration renewal advice(s) to Toyota Fleet Management for processing at least **7 days** prior to the expiry of your registration or insurance. This will ensure that the paperwork will be completed prior to expiry.

Requests received within 7 days of the date for payment may be declined, therefore please check with your provider to ensure payment has been received prior to renewal commencement.

Note: Insurance policies cannot be renewed directly by any supplier requiring credit card details to be stored such as Budget Direct, Youi, Bingle, Real Insurance, Auto & General and Dodo.

Where registration papers indicate "Inspection Required", an eSafety Inspection Report (Pink Slip) must also be provided to allow registration renewal.

IMPORTANT NOTE: It is your responsibility to ensure that the vehicle is fully registered and insured at all times.

Registration amount

\$ <input type="text"/>	<input type="checkbox"/> Copy of eSafety Inspection Report/ Pink Slip attached (if required)
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Motor Vehicle Insurance

Name of insurance provider	Amount
<input type="text"/>	\$ <input type="text"/>

CTP Insurance (NSW only)

Would you like to renew your CTP on the TFM fleet policy?

- Yes
 No ▶ Give details of your current CTP policy below

Name of insurance provider	Amount
<input type="text"/>	\$ <input type="text"/>

Copy of CTP insurance renewal attached

Reimbursement Only

Complete this section to arrange for reimbursement **to you** of expenses incurred in respect to the above vehicle.

Select the item(s) you are requesting reimbursement for and attach a copy of the tax invoice **and** proof of payment to this form.

Reimbursement claims can take up to 10 working days to process.

We cannot apply the GST benefit if a valid tax invoice is not provided.

Item	Amount
<input type="checkbox"/> Fuel purchase *	\$
<input type="checkbox"/> Maintenance *	\$
<input type="checkbox"/> Registration	\$
<input type="checkbox"/> CTP insurance (NSW only)	\$
<input type="checkbox"/> Comprehensive insurance	\$
<input type="checkbox"/> Tyres *	\$
<input type="checkbox"/> Other * (please specify) <input type="text"/>	\$
TOTAL	\$

Copies of receipts are attached

* Please note that a reimbursement fee of \$75 may apply in the event of excessive requests for reimbursement of these items, Where regular reimbursement of these items is required, requests should be limited to 4 times per year (quarterly).

Your reimbursement will be paid to the bank account specified below.

Account name	
<input type="text"/>	
Bank name	
<input type="text"/>	
BSB	Account number
<input type="text"/>	<input type="text"/>

AUTHORISATION AND DECLARATION

I declare that the expenses above are for my novated vehicle only, as identified by the contract number and or registration number above.

Signature of Applicant	Date
<input type="text"/>	<input type="text"/>

Please return the completed form and a copy of the relevant paperwork to: reimbursements@toyota.com.au