

Insurance Reimbursement Request

(Append Receipts Here)

Reimbursements are for a minimum of **\$55.00** (inc. GST) and will be paid via Electronic Funds Transfer direct to the Lessee. Turnaround time to receive EFT transfer is 10 business days from receipt of request.

To receive an insurance reimbursement, the Lessee must provide:

- A copy of the Insurance Policy or Renewal showing the GST & Stamp Duty breakdown as well as the period of cover
- Proof of Payment from Policy Provider*
- Please note this form is to be used for *Insurance Reimbursements* only

Examples of acceptable proof of payment include: payment receipts from your insurer; a printed copy of an online BPay lodgment or a Policy Renewal marked "Paid" by the Insurer. BPay lodgment numbers or Credit Card/EFTPOS slips are not acceptable.

Driver Details

Driver Name*		Vehicle Registration*			
Driver Address*		Contact Number*			
Suburb*		Post Code*		State*	
Email Address		Company Name*			

*Compulsory fields to enable reimbursement to be processed.

Expense Details

Date	Supplier / Insurer	GST (Ex) Value	GST Amount	Total Amount

			Total	

Bank Name*		BSB*	
Account Name*		Account Number*	

*Compulsory fields to enable reimbursement to be processed.

Driver Declaration

I declare that these expenses were incurred by me as an agent for Fleet Partners and that I have not claimed the GST input tax credit in respect of these expenses.

Signature		Date	
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*If returning your request via mail, please do not include your original receipts. Please enclose copies and retain the originals for your records.

How to Return Your Reimbursement

Driver:

Email

novatedadmin@fleetpartners.com.au

Fax

1300 795 138

Mailing address:

Novated Admin

FleetPartners

GPO Box 4599

Melbourne VIC 3001

Broker Driver:

Email

channelreimbursements@fleetpartners.com.au

Fax

1300 735 911

Mailing Address:

Channel Support

FleetPartners

GPO Box 4599

Melbourne VIC 3001

Office Use Only

NL Approval Signature:		Dossier:	
NL Approval Name:		Rego:	
Date:		Supplier Number:	

		Period From / To:	
AP Journal Number:		AP Processed Date:	
Comments			

Appendix 1. Example of Acceptable Insurance Invoice

INSURANCE

Tax Invoice
 Australian Insurance ABN 00 000 000 000

09 November 2011

Tax Invoice No: 123 456 - 78

Mr Driver
 10 Driver Road
 VICTORIA 3000

Please note that in accordance with the GST Legislation relating to insurance premiums, the GST amount may be less than 1/11th of the total premium paid. This is because the total premium you have paid includes a charge for Stamp Duty and Stamp Duty is not subject to GST.

Total received: **\$649.84**

Description: Premium Received

Amount of GST Payable	\$53.71*
Amount of Stamp Duty	\$59.08*
Amount Subject to GST	\$537.05*

* This is not a request for payment

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 Detach and return this section

Avoid having a GST liability on your claim. You will have a liability if you are (or someone else is) entitled to a GST credit on this premium and you've either:

- Not told us; or
- Understated that entitlement.

The information we hold about your policy tells us that you are (or someone else is) entitled to an input tax credit on this premium of 0%.

If this information is not correct please complete the following statement and return it to INSURANCE in the enclosed envelope.

I am/we are/someone else is entitled to an input tax credit on this premium of ___%.

Our ref: 123 456 – 78

Signed _____