

Motor Vehicle Claim Form



ZURICH

PLEASE COMPLETE IN FULL ALL SECTIONS OF THIS CLAIM FORM AND RETURN IT TO ZURICH AS SOON AS POSSIBLE AFTER THE ACCIDENT. UNLESS SPECIFICALLY ARRANGED BEFOREHAND, NO REPAIRS OR ALTERATIONS TO THE DAMAGED VEHICLE SHOULD BE MADE UNTIL APPROVED BY ZURICH.

Privacy

- We need personal information about you to assess your claim. We will, where relevant, disclose your personal information (other than sensitive information such as health information) to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters and investigators), other insurers, insurance reference bureaus and our business partners for this purpose;
- Where relevant, to assess your claim we will also disclose personal information, including sensitive information about you such as health information, to medical practitioners, other health professionals, other insurers and reinsurers, legal representatives, and other consultants. By signing this Claim Form, you consent to those organisations and other professionals collecting, and us disclosing sensitive information about you for this purpose;
- In some cases, assessment and settlement of the claim is undertaken in conjunction with our insured. For example, we may act as an agent for our insured or the cost of claims may be shared between us and our Insured. In these cases, your personal and/or sensitive information will be shared between us and our insured (or their representatives) for the purpose of managing the claim;
- A list of the type of service providers, business partners and consultants we commonly use is available on request, or on our website - go to www.zurich.com.au and click on the Privacy link on our home page;
- If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not accept the claim;
- We may also disclose personal information about you where we are required or permitted to do so by law;
- In most cases, on request, we will give you access to the personal information we hold about you;
- If you would like to find out more, you can contact us by telephone on 132 687, e-mail us at Privacy.Officer@zurich.com.au or write to "The Privacy Officer" at Zurich Financial Services Australia Limited, PO Box 677, North Sydney, 2059. Please provide details of your policy number/s and/or claim number where known.

Policy Number:

Client Reference Number:

Client ABN Number:

Division & Cost Centre:

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Have you claimed an input tax credit on the GST applicable to this policy? Yes No If Yes, state percentage claimed %

Insured

Name of Insured

Address

Postcode

Phone No.

Occupation

Are you the sole owner of the insured vehicle? Yes No

Advise the date vehicle was purchased by you/your company? / /

If No, name of other interested parties

Is the vehicle leased? Yes No Type of lease: Novated Other

Insured vehicle

Make & Model

Year

Colour

Rego No.

Engine No.

Chassis or VIN number

CLASS OF VEHICLE

- | | | | |
|--|---|--|--|
| Sedan or Station Wagon <input type="checkbox"/> | Four Wheel Drive <input type="checkbox"/> | Heavy Plant <input type="checkbox"/> | Rigid Vehicle over 2T and up to 5T <input type="checkbox"/> |
| Van or Utility up to 2T <input type="checkbox"/> | Bus or Coach <input type="checkbox"/> | Articulated Prime Mover <input type="checkbox"/> | Rigid Vehicle over 5T and up to 10T <input type="checkbox"/> |
| Semi Trailer <input type="checkbox"/> | Light Plant <input type="checkbox"/> | Rigid Vehicle over 10T <input type="checkbox"/> | Other <input type="text"/> |

Trailer Details (if applicable)

Make

Type

Year

Rego. No.

Insured vehicle (continued)

State any non-standard accessories/modifications to vehicle?

What was the intended operating radius of the journey?

State time and place journey commenced and intended destination

State type and weight of goods being carried?

Driver

For Parked or Unattended vehicles, Driver or Vehicle Custodian at the time of loss.

Surname Given Name(s)

Address Postcode

Phone No. () Date of Birth Age Sex Male Female

Current Driver's Licence No. and endorsements Expiry Date / / Years Licenced to drive this type of vehicle

Name of Registered Owner of the Vehicle

Are you an employee? Yes No If not, state relationship

Have you had any traffic convictions and/or traffic offences or been involved in any motor vehicle accidents in the past five (5) years? Yes No

If Yes, please give details:

How many hours have you spent driving in the 48 hours immediately preceding the accident?

Did you consume any alcohol or take any drugs during the 12 hours prior to the accident? Yes No

If Yes, state what, how much and when

Did you undergo a breath test or blood test for alcohol or drugs? Yes No

If Yes, what was the result

Did you refuse to undergo any of the above tests? Yes No

Damage to insured vehicle

Was your vehicle damaged? Yes No If tyres damaged, approximate mileage of tyres

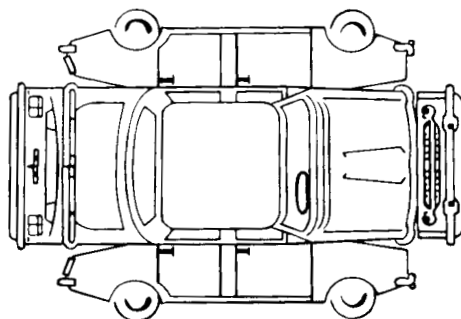
Was your vehicle towed away? Yes No If Yes, name of company

Have you obtained 2 repair quotes? Yes No Lowest Quote \$ (Attach all quotes)

Who is your preferred repairer? Is the vehicle there? Yes No

If not, where is the vehicle located? (Full address) Phone No. ()

Show the damaged areas to your vehicle on the following diagram



NO REPAIRS OR ALTERATIONS TO THE DAMAGED VEHICLE SHOULD BE MADE UNTIL APPROVED BY ZURICH AUSTRALIAN INSURANCE LIMITED.

Damage to other vehicle or property

	Vehicle or Property No. 1	Vehicle or Property No. 2
Name of Other Driver		
Address		
Age		
Phone No.		
Licence No.		
Vehicle Make & Model		
Rego. No.		
Name of Registered Owner		
Address		
Phone No.		
The Other Insurance Company		
Policy Number		
Description of Damage		

Personal Injuries

Was anyone injured in the accident? Yes No

Name	Type of Injury	Injured Party (Passenger/Driver)	Vehicle (Registration No.)

Declaration

The information and answers given above are true in every detail and no information has been withheld.

Driver's Signature

Date

Insured's Signature

Date

Authority to move the vehicle to ensure safekeeping. Whilst the claim is under consideration I/We consent to the vehicle being moved to Zurich's preferred salvage provider for safe keeping. If indemnity is not provided, these costs will be borne by insured company.

SIGNATURE

TITLE

Zurich Australian Insurance Limited does not admit liability by the issue of this Claim Form. This form is issued simply to enable the insured to lodge a written statement of claim.