



ZURICH

*Because life changes.*

# Motor Vehicle

## YOUR 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) 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, 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;
- 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](http://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](mailto: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.

*C l a i m*

# Motor Vehicle Claim Form



**ZURICH**

*Because life changes.*

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.

Policy Number:

Client Reference Number:

Client ABN Number:

Division & Cost Centre:

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

Trailer Details (if applicable)

Make	Type	Year	Rego. No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

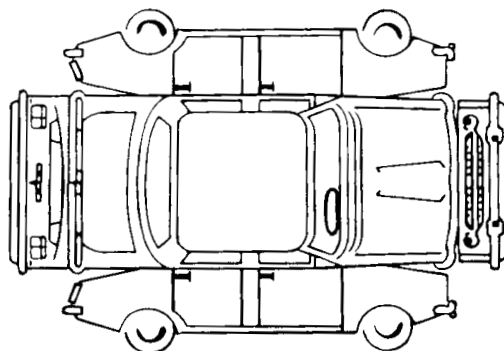
No

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.**

**Accident details**

Date  Time  AM/PM Vehicle Use: Business  Private   
 Day of the Week Mon  Tues  Wed  Thurs  Fri  Sat  Sun   
 LOCATION: Street  Suburb  Postcode

**How did the incident or theft happen?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please draw a plan of the accident. Show the nearest cross street; street names; centre of the roadway; direction and location of vehicles. It is important to detail all road signs and marking and width of road.

Indicate your own vehicle as **A**  Indicate any other vehicles as **B** 

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who do you consider was at fault? Myself  Other Driver  Other

Why?

Estimated speed of your vehicle 30 metres prior to accident  KPH

Estimated speed of your vehicle at impact  KPH

Estimated speed of the other vehicle just before the accident  KPH

What lights if any were being used by you?  What lights if any were being used by the other party?

What signals were given by you?  What signals were given by the other party?

How far from the point of collision were you when your first saw the other party?

How far from the point of collision was the other party when first seen by you?

**State of road/road surface**

Smooth  Rough  Wet  Dry  Uphill  Downhill  Flat

How was visibility? Good  Moderate  Poor

Were there any witnesses to the accident? Yes  No

If Yes, please provide names and addresses

\_\_\_\_\_

\_\_\_\_\_

**Police questions**

Did Police attend the accident? Yes  No  Police report number

If Yes, Police Station

If No, state time and date reported to Police

Did police indicate who was responsible? Yes  No  If Yes, name of driver

Did police charge either driver or suggest action may be taken? Yes  No  Charge

**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