

# Motor Vehicle

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.

## Important information

- Do not admit liability – Ask for any claim to be put in writing and refer all correspondence to ZURICH AUSTRALIAN INSURANCE LIMITED.
- Make sure you give us all the details about your claim. Attach a separate sheet if you have insufficient space on this form.
- Send all quotations you have received to repair your vehicle and/or any quotations or correspondence you may have received from any other party in relation to this accident.

## General Insurance Code or Practice

Zurich Australian Insurance Ltd is a signatory to the General Insurance Code of Practice. For more information about the General Insurance Code of Practice please go to [www.zurich.com.au](http://www.zurich.com.au) and select About Zurich.

**Brokers please note: You can monitor the progress of a claim via [Z Track](#) 24 Hours a Day, 7 days a week.**

## Privacy

Zurich is bound by the Privacy Act 1988 (Cth). Before providing us with any Personal or Sensitive Information ('Information'), you should know that:

We collect, use, process and store Personal Information and, in some cases, Sensitive Information about you such as health information, in order to comply with our legal obligations, assess your application and, if your application is successful, to administer the products or services provided to you, to enhance customer service and product options and manage a claim ('purposes').

If you do not agree to provide us with the Information, we may not be able to process your application, administer your policy or assess your claims.

By providing us or your intermediary with your Information, you consent to our use of this Information and where relevant for the purposes, you consent to our disclosure of your Personal Information, including your Sensitive Information, to your intermediary, affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our business partners, medical and health practitioners, government offices and agencies, regulators, law enforcement bodies, your employer, Workcover authorities and as required by law within Australia or overseas.

Zurich may obtain Information from government offices, the parties listed above and third parties to administer policies and assess a claim in the event of loss or damage.

In most cases, on request, we will give you access to personal information held about you. In some circumstances, we may charge a fee for giving this access, which will vary but will be based on the costs to locate the information and the form of access required.

For further information about Zurich's Privacy Policy, a list of service providers and business partners that we may disclose your Information to, a list of countries in which recipients of your Information are likely to be located, details of how you can access or correct the Information we hold about you or make a complaint, please refer to the Privacy link on our homepage – [www.zurich.com.au](http://www.zurich.com.au), contact us by telephone on 132 687 or email us at [Privacy.Officer@zurich.com.au](mailto:Privacy.Officer@zurich.com.au)

Policy number	Client reference number
Client ABN	Division & Cost Centre
Have you claimed an input tax credit on the GST applicable to this Policy? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', state percentage claimed %	

## 1 Insured

Name of insured		
Address	State	Postcode
Phone number	Occupation	
Are you the sole owner of the insured vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Advise the date vehicle was purchased by you/your company?     /     /		
If 'No', name of other interested parties		
Is the vehicle leased? Yes <input type="checkbox"/> No <input type="checkbox"/> Type of lease: Novated <input type="checkbox"/> Other <input type="checkbox"/>		

## 2 Insured vehicle

Make and Model	Year	Colour
Registration number	Engine number	Chassis or VIN number
Class of Vehicle		
<input type="checkbox"/> Sedan or Station Wagon	<input type="checkbox"/> Four Wheel Drive	<input type="checkbox"/> Heavy Plant
<input type="checkbox"/> Van or Utility up to 2T	<input type="checkbox"/> Bus or Coach	<input type="checkbox"/> Articulated Prime Mover
<input type="checkbox"/> Semi Trailer	<input type="checkbox"/> Light Plant	<input type="checkbox"/> Rigid Vehicle over 10T
		<input type="checkbox"/> Rigid Vehicle over 2T and up to 5T
		<input type="checkbox"/> Rigid Vehicle over 5T and up to 10T
		<input type="checkbox"/> Other
Trailer details (if applicable):		
Make	Type	Year
		Registration number
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?		

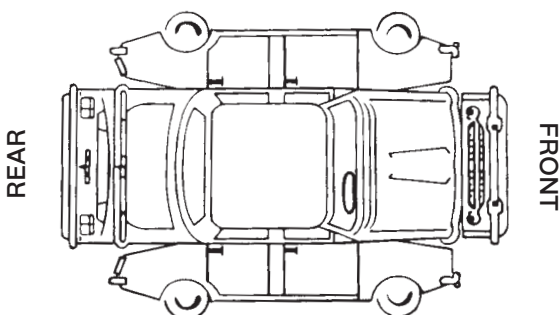
## 3 Driver

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

Surname	Given name(s)			
Address		State	Postcode	
Phone number	Date of birth / /	Age	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Current Driver's licence class & conditions				
Expiry date / /	Years Licenced to drive this type of vehicle			
Name of registered owner of the vehicle				
Are you an employee? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'No', 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 <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give details				
How many hours have you spent driving in the 48 hours immediately preceeding the accident?				
Did you consume any alcohol or take any drugs during the 12 hours prior to the accident? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', state what, how much and when				
Did you undergo a breath test or blood test for alcohol or drugs? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', what was the result				
Did you refuse to undergo any of the above tests? Yes <input type="checkbox"/> No <input type="checkbox"/>				

## 4 Damage to insured vehicle

Was your vehicle damaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If tyres damaged, approximate mileage of tyres
Was your vehicle towed away?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'Yes', name of company
Have you obtained 2 repair quotes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Lowest quote \$ (Attach all quotes)
Who is your preferred repairer?		
Is the vehicle there?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'No', where is the vehicle located? (Full address)
Full address	State	Postcode
Phone number		
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.**

## 5 Accident details


Date      /      /      Time       AM    PM      Vehicle Use: Business  Private


Day of the Week: Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

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 you 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

## 6 Police questions

Did police attend the accident? Yes  No  Police report number

If 'Yes', Police Station      Name or number of Police officer

If 'No', state time and date reported to Police

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

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

## 7 Damage to other vehicles or property

	Vehicle / Property No. 1	Vehicle / Property No. 2
Name of other driver		
Address		
Age		
Phone number		
Licence number		
Vehicle Make & Model		
Registration number		
Name of registered owner		
Address		
Phone number		
The other insurance company		
Policy number		
Description of damage		

## 8 Personal injuries

Was anyone injured in the accident? Yes  No

Name	Type of injury	Injury party (Passenger/Driver)	Vehicle (registration number)

## 9 EFT payment details (please complete this section if you require payment directly into your account)

Account name	Account number
Bank name	BSB Number
Bank address	State Postcode
<b>Overseas payment:</b> ABA Code	Sort Code

## 10 Declaration

By submitting this form, I declare that:

- The information and answers given above are true in every detail and no information has been withheld or misrepresented.
- Zurich Australian Insurance Limited (the "Company") has 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 the insured.
- If I am a broker and I am completing this form, I confirm that I have been appointed as an agent of the driver, insured, or owner to complete and submit this form on behalf of that driver, insured or owner.
- If I am a broker and I am completing this form, I confirm that I have been appointed as an agent of the driver, insured, or owner to complete and submit this form on behalf of that driver, insured or owner.

Name of person submitting this claim as or on behalf of the insured (Please print)

Date / /

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.