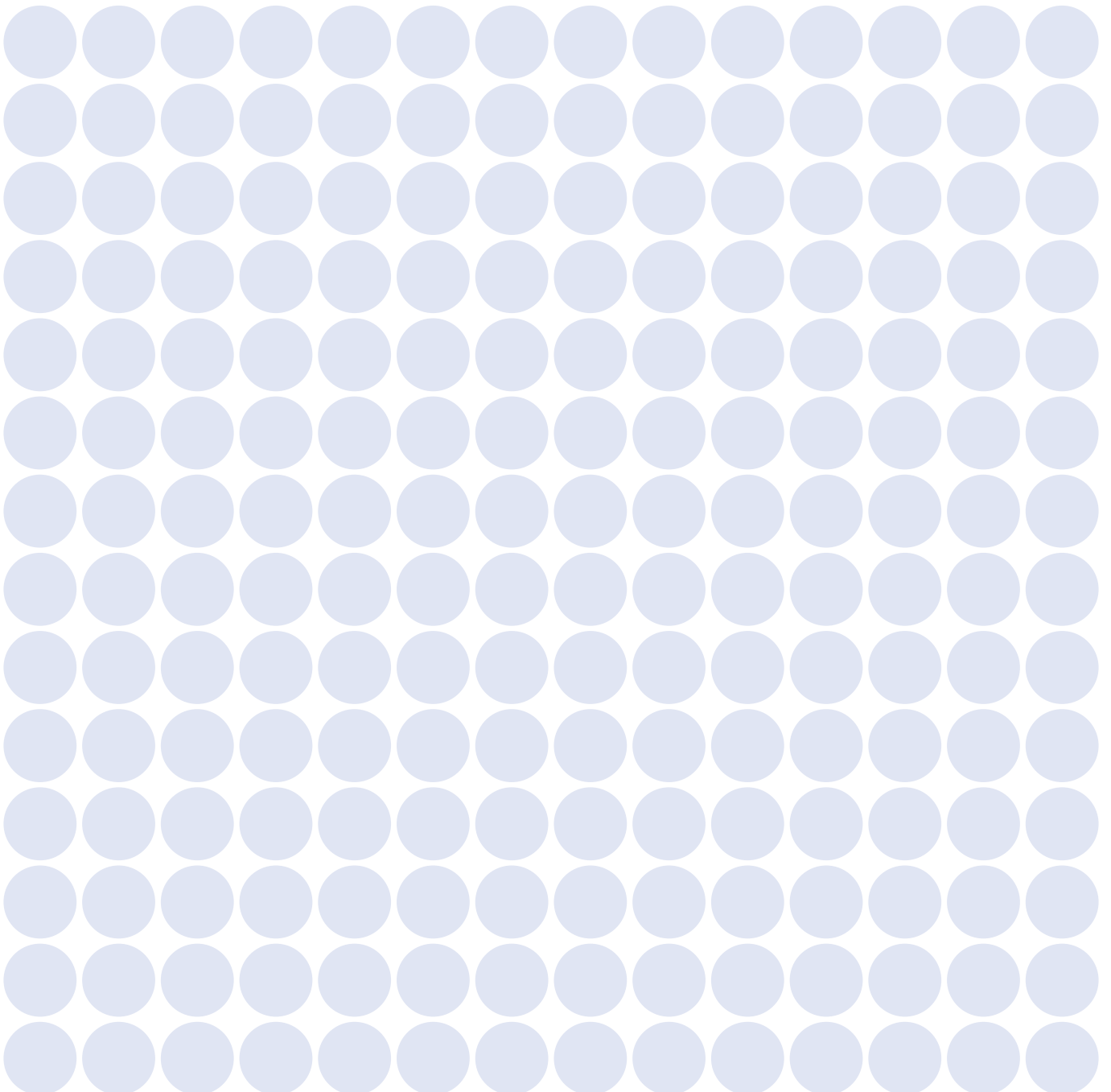


Injury on the Journey

Claim Form





ZURICH®

Injury on the Journey

Claim Form

Claim No.

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). We collect, use, process and store Personal Information and, in some cases, Sensitive Information such as health information, about you in order to comply with our legal obligations and in order to assess your claim and administer the policy ('purposes').

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, the policy owner and their representatives, affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers (including assessors), our business partners, medical and health practitioners, government offices and agencies, regulators, law enforcement bodies and as required by law within Australia or overseas. These laws include the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, Personal Property Securities Act 2009, Corporations Act 2001, Insurance Contracts Act 1984, Autonomous Sanctions Act 2011, Income Tax Assessment Act 1997, Income Tax Assessment Act 1936, Income Tax Regulations 1936, Tax Administration Act 1953, Tax Administration Regulations 1976, A new Tax System (Goods and Services Tax) Act 1999 and the Australian Securities and Investments Commission Act 2001 as those laws are amended, and includes any associated regulations. From time to time other acts may require, or authorise us to collect your personal information.

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.

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.

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 to make a complaint, please refer to the Privacy link on our homepage – www.zurich.com.au, contact us by telephone on 132 687 or email us at Privacy.Officer@zurich.com.au

Supplementary information to be provided by a worker in respect of an injury received whilst on the daily or other periodic journey between the worker's place of abode and place of employment or any trade, technical or other training school.

Please print in BLOCK LETTERS

1 About you, the worker

Full name	Date of birth	/	/
Address	Postcode		
Name of your employer			
Employer's address	Postcode		
Date of injury	/	/	Time of injury
			am ☐ pm ☐

2 About the journey

What mode of travel were you using on this journey?

Where exactly did the accident happen? Street/Road Suburb/Town

Were you travelling to or from work?	Yes ☐ No ☐	Following your usual route?	Yes ☐ No ☐
Were you travelling to or from a technical school?	Yes ☐ No ☐	Following your usual route?	Yes ☐ No ☐
Did you divert from your usual route?	Yes ☐ No ☐	Was the journey broken for any reason?	Yes ☐ No ☐

If 'Yes', for what reason?

Had you consumed any alcohol or drugs? Yes ☐ No ☐ If 'Yes', what did you consume and in what quantities?

3 What happened

How did the injury/accident occur?

.....

.....

.....

.....

Name and address of any witnesses

.....

.....

.....

In your opinion, who was responsible for the accident and why?

.....

.....

.....

.....

Note: if you were injured in a **traffic accident** please also complete the questions below.

Traffic accident details

Please note that all traffic accidents which involve any injury or property damage exceeding \$1,000 must be reported to the police as soon as possible, preferably within 48 hours of the accident. **If you have not done so, you should do so immediately.**

4 About the vehicle you were in during the traffic accident

Registration number	State of registration
Vehicle driver's name	Phone
Address	Postcode
Vehicle owner's name	Phone
Address	Postcode

5 Other vehicles involved (if more than two vehicles, attach a separate list).

Registration number	State of registration
Vehicle driver's name	Phone
Address	Postcode
Vehicle owner's name	Phone
Address	Postcode

6 About the accident

Did police attend the scene? Yes ☐ No ☐ If 'Yes', give officer's name, number and station

Officer's name

Officer's number

Officer's station

Date reported / /

Police action taken or proposed

If you were a passenger, had the driver of your vehicle consumed any alcohol or drug prior to the accident?

Yes ☐ No ☐

If 'Yes', what did they consume and in what quantities?

If you were a driver/passenger, were you wearing a seat belt?

Yes ☐ No ☐

If you were a rider/passenger, were you wearing a helmet?

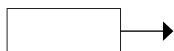
Yes ☐ No ☐

Using the symbols below, draw a diagram of the accident showing the position of all vehicles and indicate by arrows the direction of travel.

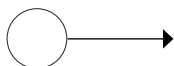
Your vehicle



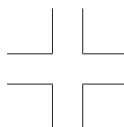
Other vehicle



Pedestrian, Cyclist, etc.



Intersection



7 Declaration

I hereby declare that the foregoing statements are, to the best of my knowledge and belief true and correct in every detail.

Signature of worker

Date

X

/ /

Signature of witness

Date

X

/ /

Signature of witness

Date

X

/ /