Motor Vehicle

ZURICH

Claim form

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 and select About Zurich.

Brokers please note: You can monitor the progress of a claim via Zurich Claims Online 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, contact us by telephone on 132 687 or email us at 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 ◯ No ◯ 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 ◯ 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 ◯

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2 Insured vehicle

Make and Model | Year | Colour

Rego number | Engine number | Chassis or VIN number

CLASS OF VEHICLE

◯ Sedan or Station Wagon	◯ Four Wheel Drive	◯ Heavy Plant	◯ Rigid Vehicle over 2T and up to 5T
◯ Van or Utility up to 2T	◯ Bus or Coach	◯ Articulated Prime Mover	◯ Rigid Vehicle over 5T and up to 10T
◯ Semi Trailer	◯ Light Plant	◯ Rigid Vehicle over 10T	◯ Other

Trailer details (if applicable):

Make | Type | Year | Rego. 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 ◯ Female ◯

Current Driver's Licence number 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 '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 ◯ No ◯ 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 ◯ 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 ◯

4 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?

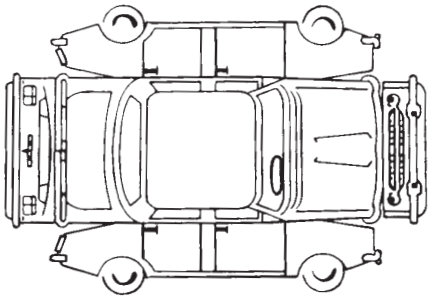
Is the vehicle there? Yes ◯ No ◯ | If 'No', where is the vehicle located? (Full address)

Full address | State | Postcode

Phone number

Show the damaged areas to your vehicle on the following diagram

REAR



FRONT

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 wither 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 Declaration

By submitting this form, I declare that:

(a) The information and answers given above are true in every detail and no information has been withheld or misrepresented.

(b) Zurich Australian Insurance Limited (the "Company") has authority to move the vehicle to ensure safekeeping.

(c) Whilst the claim is under consideration I/We consent to the vehicle being moved to Zurich's preferred salvage provider for safe keeping.

(d) If indemnity is not provided, these costs will be borne by the insured.

(e) 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 completing form (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.

Save File Print Form