



ZURICH

Because life changes.

Motor Vehicle

YOUR PRIVACY

Privacy laws, effective 21 December 2001, require us to make the following disclosures before collecting personal information about You after that date:

- We require personal information about You to assess Your Claim. We may 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;
- We may 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 Us and those organisations and other professionals collecting and disclosing sensitive information about You;
- 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 pay the Claim;
- We may also disclose personal information about You as required or permitted by law;
- in most cases, on request, We will give You access to the personal information We hold about You;
- You may contact Us regarding your privacy concerns by telephone on 132 687, e-mail Us at Privacy.Officer@zurich.com.au or by writing to "The Privacy Officer" at Zurich Financial Services Australia Limited, P.O. Box 677, North Sydney, 2059. Please provide details of Your policy number/s and/or claim number where known.

Claim Form

Motor Vehicle Claim Form



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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: •

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 <input type="text"/>	Type <input type="text"/>	Year <input type="text"/>	Rego. No. <input type="text"/>
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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 or been involved in any motor vehicle accidents in the past five (5) years? Yes No

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

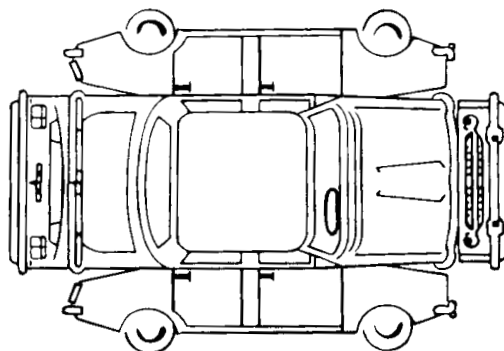
Was your vehicle towed away? Yes No If Yes, name of company

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 Name or No. of Police Officer

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