Claim form Motor Vehicle

The Company does not admit Liability by the issue of this Form. It is issued to enable the Insured to lodge their written statement of claim.



CLAIM NUMBER

OFFICE USE ONLY



Claim form 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.

Policy number
Client reference number
Claim number

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.

In the event of a Claim, Zurich Australian Insurance Ltd will:

- Within 10 business days of receipt of your claim, notify your broker (or you) of our decision as to whether the claim has been accepted or not or, advise you if we require additional information and/or notify you within 5 days if we have appointed a loss adjuster/loss assessor.
- For claims where additional information is required, we will make a decision within 20 business days, dependant upon the time required for you (or other independent parties) to respond to a request for additional information.
- In some cases, due to unusual circumstances or the complexity of a claim, these timeframes may not be practical and we will agree an alternate timeframe with your broker or you to make a decision on your claim. If we cannot reach an agreement, you are able to access our complaints handling procedures.

Brokers please note: You can monitor the progress of a claim via Zurich Claims Online 24 hours a day, 7 days per week.

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), other insurers, insurance reference bureaus 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, other insurers and 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;
- In some cases, assessment and settlement of the claim is undertaken in conjunction with our insured. For example, we may act as an agent for our insured or the cost of claims may be shared between us and our Insured. In these cases, your personal and/or sensitive information will be shared between us and our insured (or their representatives) for the purpose of managing the claim;
- 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 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 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.

Insured	
Name of Insured	
Address	State Postcode
Your business ABN	
Phone number Occupation	
Are you the sole owner of the insured vehicle? Yes No	

Insured vehicle					
Make and Model		v	Year Colour		
Rego No.	Engine	No. (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		
Semi Trailer] Light Plant [Rigid Vehicle over 10T	Other		
Declared use on registration	(Private or Business)				
Trailer details (if applicable)					
Make	Туре	Year	Rego. No.		
Driver					
	vehicles, Driver or Vehic	le Custodian at the time of loss.			
Surname		Given Name(s)			
Address			State Po	ostcode	
Phone number		Date of Birth / /	1		
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					
Did you consume any alcohol or take any drugs during the 12 hours prior to the accident? Yes Yes Yes Yes Yes If 'Yes', state what, how much and when					
Did you undergo a breath te If 'Yes', what was the result	st or blood test for alcohol	or drugs?		Yes No	
Did you refuse to undergo ar	ny of the above tests?			Yes No	

Was your vehicle damaged?	Yes No		
Was your vehicle towed away?	Yes No If 'Yes',	name of company	
Have you obtained a repair quote?	Yes No Amount		(Attach quote)
Where is the vehicle located? (Full a	ddress)		
Full Address		State	Postcode
Phone Number			
Show the damaged areas to your ve	hicle on the following diagram		
Accident details			
Date / /	Time AM/F	M 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 happe	n?		
How did the incident or theft happe	n?		
	. Show the nearest cross stree	t; street names; centre of the roadway; o	direction and location of vehicles.
Please draw a plan of the accident It is important to detail all road signs	. Show the nearest cross stree		

Who do you consider was at fault? Myself Other Driver Other If other why? Estimated speed of your vehicle just before the accident KPH Estimated speed of other vehicle just before the accident KPH What was the condition of the road? Sealed unsealed Smooth Wet Dry How was visibility? Good Moderate Poor Were there any witnesses to the accident? Yes No If 'Yes', police Station Name Address State Postcode 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	Accident details			
Estimated speed of your vehicle just before the accident KPH Estimated speed of other vehicle just before the accident KPH What was the condition of the road? Sealed unsealed Smooth Wet Dry How was visibility? Good Moderate Poor Were there any witnesses to the accident? Yes No If 'Yes', please provide names and addresses Name State Postcode Name State Postcode Id 'Yes', Police station Yes No State Postcode If 'Yes', Police Station Name or Number of Police Officer If 'No', date, place reported to Police Joid Police indicate who was responsible Yes	Who do you consider was at fault? Myself	Other Driver	Other	
Estimated speed of other vehicle just before the accident KPH What was the condition of the road? Sealed unsealed Smooth Wet Dry How was visibility? Good Moderate Poor Were there any witnesses to the accident? Yes No If 'Yes', please provide names and addresses Name Address State Postcode Name Address State Postcode DId Police attend the accident Yes No If 'Yes', Police Station Name or Number of Police Officer If 'No', date, place reported to Police Did Police indicate who was responsible Yes	If other why?			
What was the condition of the road? Sealed unsealed Smooth Wet Dry How was visibility? Good Moderate Poor How was visibility? Good Moderate Poor Were there any witnesses to the accident? Yes No If 'Yes', please provide names and addresses Name Address State Postcode Name Address State Postcode Did Police attend the accident Yes No If 'No', date, place reported to Police Did Police indicate who was responsible Yes No	Estimated speed of your vehicle just before the a	accident KPH		
How was visibility? Good Moderate Poor Were there any witnesses to the accident? Yes No If 'Yes', please provide names and addresses Name Address State Name Address State Name Address State Postcode If 'Yes', Police Station If 'Yes', Police Station Name or Number of Police Officer If 'No', date, place reported to Police Did Police indicate who was responsible Yes No	Estimated speed of other vehicle just before the	accident KPH		
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Address State Postcode Name Address State Postcode Address State Postcode Did Police attend the accident Yes No If 'Yes', Police Station Name or Number of Police Officer If 'No', date, place reported to Police Ves Did Police indicate who was responsible Yes No If 'Yes', name of driver	Were there any witnesses to the accident? Y	′es No If 'Yes', plea	ase provide names and addresses	
Name State Postcode Address State Postcode Dld Police attend the accident Yes No If 'Yes', Police Station Name or Number of Police Officer If 'No', date, place reported to Police If Did Police indicate who was responsible Yes If 'Yes', name of driver No	Name			
Address State Postcode Dld Police attend the accident Yes No If 'Yes', Police Station Name or Number of Police Officer If 'No', date, place reported to Police Did Police indicate who was responsible Yes No	Address		State	Postcode
Did Police attend the accident Yes No If 'Yes', Police Station Name or Number of Police Officer If 'No', date, place reported to Police Did Police indicate who was responsible Yes No If 'Yes', name of driver	Name			
If 'Yes', Police Station Name or Number of Police Officer If 'No', date, place reported to Police Did Police indicate who was responsible Yes No If 'Yes', name of driver If 'Yes', name of driver	Address		State	Postcode
If 'No', date, place reported to Police Did Police indicate who was responsible Yes No	DId Police attend the accident	′es 📄 No		
Did Police indicate who was responsible Yes No If 'Yes', name of driver If	If 'Yes', Police Station	Name or N	Iumber of Police Officer	
If 'Yes', name of driver	If 'No', date, place reported to Police			
	Did Police indicate who was responsible	′es 📄 No		
Did Police charge either driver or suggest action may be taken? Yes No Charge	If 'Yes', name of driver			
	Did Police charge either driver or suggest action	n may be taken? Yes 🗌	No Charge	

Damage to other vehicle or pro		
	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		

/as anyone injured in the accident?	Yes No		
Name	Type of injury	Injury party (passenger/Driver)	Vehicle (Registration number)

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			
×		/	/	



FOR MORE INFORMATION PLEASE

Contact your IBNA Insurance Broker