Motor Vehicle 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:	
	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	<u> </u>	
Advise the date vehicle was purchase	ed by you/your company? / /	
If 'No', name of other interested part	ties	
Is the vehicle leased? Yes No (Type of lease: Novated Other O	

Insured vehicle Make and Model			Year	C	Colour	
Rego number	Engine number	Chassis	or VIN number			
CLASS OF VEHICLE	_	_				
Sedan or Station Wagon	Four Wheel Drive	Heavy Plant	Ri	igid Vehicle	over 2T and up	to 5T
Van or Utility up to 2T	Bus or Coach	Articulated Prime M	over Ri	igid Vehicle	over 5T and up	to 10T
Semi Trailer	Light Plant	Rigid Vehicle over 10	0T O	ther		
Trailer details (if applicable): Make	Type	Year	Rego. Num	nber		
State any non-standard accesso						
What was the intended operati						
State time and place journey co		nation				
State type and weight of goods						
Trace type and treight or goods	, semigleamea.					
Priver For Parked or Unattended versumme Address	ehicles, Driver or Vehicle Cu	stodian at the time of loss Given name(s)			Doctor do	
Phone number	Date of birth	/ / / Ago	State	Mala	Postcode	
		/ / Age	Sex:	iviale 🔘	Female (
Current Driver's Licence numbe						
Expiry date /		to drive this type of vehicle				
Name of registered owner of th						
Are you an employee? Yes () No () If 'No', state rela	ationship				
Have you had any traffic conviction of the Yes No If 'Yes', please	tions and/or traffic offences o ase give details	r been involved in any motor	vehicle accident	ts in the pa	st five (5) years?	
Yes No If 'Yes', plea	ase give details nt driving in the 48 hours imm	nediately preceeding the accid	dent?	ts in the pa		
Yes No If 'Yes', plea	ase give details ont driving in the 48 hours imm or take any drugs during the 1.	nediately preceeding the accid	dent?	ts in the pa	st five (5) years?	No C
Yes No If 'Yes', plea	ase give details ont driving in the 48 hours imm or take any drugs during the 13 and when	nediately preceeding the accident	dent?	ts in the pa		
Yes No If 'Yes', plead How many hours have you spen Did you consume any alcohol of 'Yes', state what, how much Did you undergo a breath test of	nt driving in the 48 hours imm or take any drugs during the 1: and when or blood test for alcohol or dri	nediately preceeding the accident	dent?	ts in the pa	Yes	No C
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Pate /	/	Time	() AM	○ PM	Vehicle Use	: Business (Private (
Day of the Week:	Monday 🔵	Tuesday 🔵	Wednesday 🔘	Thursday 🔵	Friday 🔵	Saturday 🔵	Sunday
OCATION: Street				Suburb			Postcode
How did the incident	t or theft happe	en?					
Please draw a plan o t is important to det					re of the road	way; direction a	nd location of vehicles.
Indicate you	r own vehicle a	s A		Indicate	any other ve	hicles as B	
Vho do you conside	r was at fault?	Myself (Other Driver	Other			
Vhy?							
stimated speed of y	our vehicle 30	metres prior to	accident?	KPH			
stimated speed of y			accident?	KPH KPH			
stimated speed of y	our vehicle at i	mpact?					
	our vehicle at i	mpact? e just before th		KPH			
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		Vehicle / Property No. 1	Vehicle / Prope	erty No. 2
ıry İnjury party Vehicle	Name of other driver			
ıry İnjury party Vehicle	Address			
ıry İnjury party Vehicle	Age			
ıry İnjury party Vehicle	Phone number			
ıry İnjury party Vehicle	Licence number			
ıry İnjury party Vehicle	Vehicle Make & Model			
ıry İnjury party Vehicle	Registration number			
ıry İnjury party Vehicle	Name of registered owner			
ıry İnjury party Vehicle	Address			
ıry İnjury party Vehicle	Phone number			
ıry İnjury party Vehicle	he other insurance company			
ıry İnjury party Vehicle	Policy number			
ıry İnjury party Vehicle	Description of damage			
ıry İnjury party Vehicle				
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	eclaration	Type of injury		
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