

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.

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.

Because life changes.

Policy Number:	Client Referen	Client Reference Number:			
Client ABN Number:	D	Division & Cost Centre:			
		•			
Have you claimed an input tax credit on the GST applic	able to this policy?	Yes, state percentage claimed			
Yes No		%			
Insured Name of Insured					
Address		Postcode			
Phone No.	Occupation				
()					
Are you the sole owner of the insured vehicle? Yes	No No				
ı					
Advise the date vehicle was purchased by you/your comp	pany? / /				
If No, name of other interested parties					
Is the vehicle leased? Yes No 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 Bus o					
	or Coach	Light Plant			
	or Coach Vehicle over 2T and up to 51				
Van or Utility up to 2T Rigid		T Heavy Plant			
Van or Utility up to 2T Rigid Semi Trailer Rigid	Vehicle over 2T and up to 57	T Heavy Plant			
Van or Utility up to 2T Rigid Semi Trailer Rigid Four Wheel Drive Artic Trailer Details (if applicable)	Vehicle over 2T and up to 57 Vehicle over 5T and up to 10 ulated Prime Mover	T Heavy Plant OT Rigid Vehicle over 10T Other			
Van or Utility up to 2T Semi Trailer Rigid Four Wheel Drive Artic	Vehicle over 2T and up to 57 Vehicle over 5T and up to 10	T Heavy Plant OT Rigid Vehicle over 10T			
Van or Utility up to 2T Rigid Semi Trailer Rigid Four Wheel Drive Artic Trailer Details (if applicable) Make Type	Vehicle over 2T and up to 57 Vehicle over 5T and up to 10 ulated Prime Mover Year	T Heavy Plant OT Rigid Vehicle over 10T Other			
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Van or Utility up to 2T Rigid Semi Trailer Rigid Four Wheel Drive Artic Trailer Details (if applicable) Make Type State any non-standard accessories/modifications to vel	Vehicle over 2T and up to 57 Vehicle over 5T and up to 10 ulated Prime Mover Year hicle?	T Heavy Plant OT Rigid Vehicle over 10T Other			

Driver	
For Parked or Unattended vehicles, Driver or Vehicle Cu Surname	ustodian at the time of loss. Given Name(s)
Julianie	Given Name(s)
Address	Postcode
Addicas	
Phone No. Date of Birth	Age Sex
()	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	
	ot, state relationship
Have you had any traffic convictions or been involved in	n any motor vehicle accidents in the past five (5) years? Yes No
How many hours have you spent driving in the 48 hours	s 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? Ye	es 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.
	()
Character demand areas to visit unbide on the fell	
Show the damaged areas to your vehicle on the follo	owing 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				Sub	ourb			Postcode	
How did the incident	or theft happe	n?							
Please draw a plan o vehicles. It is importan	f the accident	. Show [.] oad sign	the nea	rest cr	oss street; s	street names of road.	; centre of the r	oadway; direction	and location of
, , , , , , , , , , , , , , , , , , ,		dicate yo		_			any other vehicle	s as B	
Who do you consider v	was at fault?	Myself		Other	Driver	Other			
Why?									
Estimated speed of you	ur vehicle 30 m	etres pri	or to acc	ident			КРН		
Estimated speed of you	ur vehicle at im	pact			КРН				
Estimated speed of the	other vehicle j	ust befo	re the a	cciden	t		KPH		
What lights if any were	e being used by	you?			What I	ights if any w	vere being used by	the other party?	
What signals were give	en by you?				What s	signals were g	given by the other	party?	
How far from the poin	t of collision w	۔ ere you ۱	when yo	our first	 : saw the oth	ner party?			
How far from the poin	t of collision w	as the ot	her par	ty whe	n first seen b	y you?			
State of road/road surf	ace								
Smooth Roug	gh We	et 📗	Dry		Upl	nill	Downhill	Flat	
How was visibility?	iood	 Moderat	e	Po	or				
Were there any witnes	ses to the accid	ent?	Yes		No No				
If Yes, please provide r	names and addi	esses							
Police questions									
Did Police attend the a	accident?		Yes		No	Police re	port number		
If Yes, Police Station				<u> </u>	Nar		Police Officer		
If No, state time and d	ate reported to	Police							
Did police indicate who		L	Yes		No No	If Yes, nam	ne of driver		
Did police charge eithe				└── be take		No	Charge		
	9		~,		[

Damage to other vehicle or proper	ty_			
	Vehicle or Pro	operty No. 1	Vehicle or F	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				
			J L	
Personal Injuries				
Was anyone injured in the accident? Y	es No			
Name	Type of Injury	Injur (Passer	ed Party iger/Driver	Vehicle (Registration No.)
Declaration			haan withhala	
The information and answers given abov Driver's Signature	e are true in every detail al	nd no intormation has	been withheid. Date	
				/ /
Insured's Signature			Late	
-				/ /
Authority to move the vehicle to ensure	safekeeping. Whilst the cla	im is under considerat	ion I/We consent to the	
to Zurich's preferred salvage provider for	r safe keeping. If indemnity	is not provided, these	costs will be borne by	insured company.
SIGNATURE		TITLE		