



**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](mailto: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	Type	Year	Rego. No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

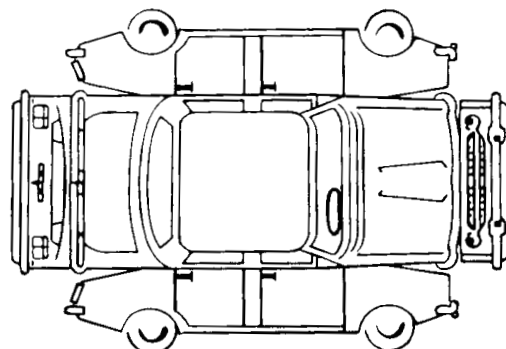
Have you obtained 2 repair quotes? Yes  No  Lowest Quote \$  (Attach all quotes)

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.**



**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