

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



BUSINESS INSURANCE

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 ITC% %

Phone number Occupation

Are you the sole owner of the insured vehicle? Yes No

If 'No', name of other interested parties

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ZU07576-606 - JMOY-6P/7SM-2006

Insured vehicle

| | | | |
|--|---|--|--|
| Make and Model | | Year | Colour |
| Rego No. | Engine No. | Chassis or VIN number | |
| CLASS OF VEHICLE | | | |
| Sedan or Station Wagon <input type="checkbox"/> | Four Wheel Drive <input type="checkbox"/> | Heavy Plant <input type="checkbox"/> | Rigid Vehicle over 2T and up to 5T <input type="checkbox"/> |
| Van or Utility up to 2T <input type="checkbox"/> | Bus or Coach <input type="checkbox"/> | Articulated Prime Mover <input type="checkbox"/> | Rigid Vehicle over 5T and up to 10T <input type="checkbox"/> |
| Semi Trailer <input type="checkbox"/> | Light Plant <input type="checkbox"/> | Rigid Vehicle over 10T <input type="checkbox"/> | Other <input type="checkbox"/> |
| Declared use on registration (Private or Business) | | | |
| Trailer details (if applicable) | | | |
| Make | Type | Year | Rego. No. |

Driver

For Parked or Unattended vehicles, Driver or Vehicle Custodian at the time of loss.

Surname _____ Given Name(s) _____

Address _____ State _____ Postcode _____

Phone number _____ Date of Birth / / _____

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 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

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

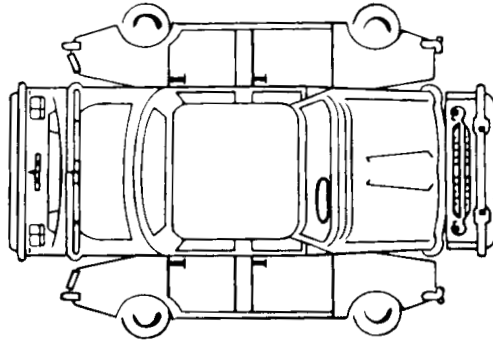
Have you obtained a repair quote? Yes No Amount \$ _____ (Attach quote)

Where is the vehicle located? (Full address) _____

Full Address _____ State _____ Postcode _____

Phone Number _____

Show the damaged areas to your vehicle on the following diagram



Accident details

Date / / Time AM/PM 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 happen?

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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** 

Accident details

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', 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 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 | Injury party (passenger/Driver) | Vehicle (Registration number) |
|------|----------------|---------------------------------|-------------------------------|
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Declaration

The information and answers given above are true in every detail and no information has been withheld.

| | |
|--------------------|------|
| Driver's Signature | Date |
| X | / / |

| | |
|---------------------|------|
| Insured's Signature | Date |
| X | / / |



FOR MORE INFORMATION PLEASE

Contact your IBNA Insurance Broker