

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



YOUR 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 Co-Insurers, to Our service providers (including loss adjusters and investigators) 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, co-insurers, 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;
- 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.

CLAIM FORM

Motor Vehicle



BUSINESS INSURANCE

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.

Policy Number

Client Reference Number

Claim Number

INSURED

Name of Insured

Address

Postcode

Your Business' ABN

Percentage Input Tax credit entitlement for GST

 %

Phone No.

 ()

Occupation

Are you the sole owner of the insured vehicle?

Yes

No

If No, name of other interested parties

INSURED VEHICLE

Make & Model

Year

Colour

Rego No.

Engine No.

Chassis No.

Class of Vehicle

Sedan or Station Wagon

Light Construction or Earthmoving Plant

Van or Utility up to 2T

Heavy Construction or Earthmoving Plant

Rigid Vehicle over 2T and up to 5T

Trailer

Rigid Vehicle over 5T and up to 10T

Other

TARE
WEIGHT

Declared use on registration (Private or Business)

Trailer Details (if applicable)

Make

Type

Year

Rego. No.

DRIVER

For Parked or Unattended vehicles, Driver = 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.

Expiry Date

Years Licenced

Name of Registered Owner of the Vehicle

Are you an employee? Yes No If not, 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 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

Have you obtained a repair quote? Yes No

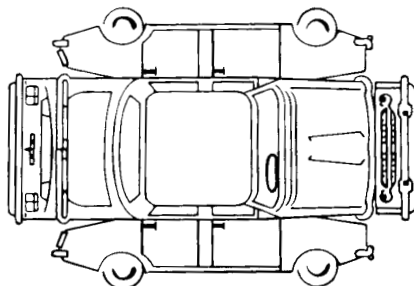
Amount \$ (Attach Quote)

Where can the vehicle be inspected (Full address)

Phone No.

()

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 Mon Tues Wed Thurs Fri Sat Sun
LOCATION: Street Suburb Postcode

How did the accident happen

Please draw a plan of the accident. Show the nearest cross street; street names; centre of the roadway; direction and location of vehicles; location of traffic control signals and any other useful information.

Indicate your own vehicle as A  Indicate any other vehicles as B 

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 Rough Wet Dry

How was visibility? Good Moderate Poor

Were there any witnesses to the accident? Yes No

If Yes, please provide names and addresses

Did Police attend the accident? Yes No

If Yes, Police Station Name or No. of Police Officer

If No, state time, 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		
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



FOR MORE INFORMATION PLEASE

Contact your IBNA Insurance Broker

ZURICH AUSTRALIAN INSURANCE LIMITED

ABN 13 000 296 640

5 Blue Street North Sydney NSW 2060