

Motor Vehicle



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

Important information

- Do not admit liability - Ask for any claim to be put in writing and refer all correspondence to Zurich Australian Limited (ZAIL Incorporated in New Zealand) Trading as Zurich New Zealand.
- 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 New Zealand 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.

Insured

Name of Insured

Address Postcode

Phone number 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 and Model Year Colour

Rego No. Engine No. Chassis or VIN number

CLASS OF VEHICLE

Sedan or Station Wagon Four Wheel Drive Heavy Plant Rigid Vehicle over 2T and up to 5T

Van or Utility up to 2T Bus or Coach Articulated Prime Mover Rigid Vehicle over 5T and up to 10T

Semi Trailer Light Plant Rigid Vehicle over 10T Other

Trailer details (if applicable)

Make Type Year Rego. No.

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 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

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)

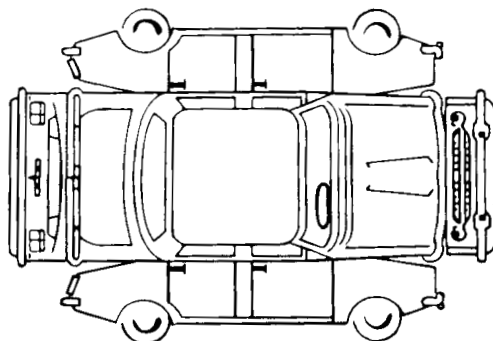
Who is your preferred repairer? _____

Is the vehicle there? Yes No If 'No', where is the vehicle located? (Full address) _____

Full Address _____ Postcode _____

Phone Number _____

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 NEW ZEALAND.

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



Indicate any other vehicles as



Who do you consider was at fault? Myself Other Driver Other

Why?

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Estimated speed of your vehicle 30 metres prior to accident KPH

Estimated speed of your vehicle at impact KPH

Estimated speed of the other vehicle just before the accident KPH

What lights if any were being used by you?

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What lights if any were being used by the other party?

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What signals were given by you?

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What signals were given by the other party?

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How far from the point of collision were you when your first saw the other party?

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How far from the point of collision was the other party when first seen by you?

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State of road/road surface: Smooth Rough Wet Dry Uphill Downhill Flat

How was visibility? Good Moderate Poor

Were there any witnesses to the accident? Yes No If 'Yes', please provide names and addresses

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Police questions

Did Police attend the accident? Yes No Police report number

If 'Yes', Police Station Name or number of Police Officer

If 'No,' state time and date 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)

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	/ /

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
X	

Zurich New Zealand does not admit liability by the issue of this Claim Form. This form is issued simply to enable the insured to lodge a written statement of claim.