



Motor Vehicle Insurance Windscreen

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.

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.

General Insurance Code of Practice

Zurich Australian Insurance Ltd is a signatory to the General Insurance Code of Practice. For more information about the General Insurance Code of Practice please go to www.zurich.com.au and select About Zurich.

Brokers please note: You can monitor the progress of a claim via Zurich Claims Online 24 Hours a Day, 7 days a 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.

1 Insured

Full name of Insured - Mr Mrs Miss Ms

Address _____ State _____ Postcode _____

What is your ABN _____ What is your ITC% for this risk _____

Occupation _____

Private phone number _____ Business phone number _____

Policy number _____

2 Particulars of motor vehicle

Make	Registration number	Engine number	For what purpose was vehicle being used at time of accident

3 Particulars of driver

Name of driver at time of accident - Mr Mrs Miss Ms

Address _____ State _____ Postcode _____

Occupation _____

Licence number of driver _____ Expiry date _____

Date of birth _____ How long licensed in Australia? _____ Years

Did you undergo a breath test or blood test for alcohol or drugs? Yes No

4 Particulars of accident

Date of accident _____ Day _____ Time _____ AM PM

Where did the accident happen? _____ Metro Country

Brief particulars

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Name and address of repairer _____ State _____ Postcode _____

Estimate or cost of repairs \$ _____

9 Declaration

By submitting this form, I declare that:

- (a) The information and answers given above are true in every detail and no information has been withheld or misrepresented.
- (b) If I am a broker and I am completing this form, I confirm that I have been appointed as an agent of the driver, insured, or owner to complete and submit this form on behalf of that driver, insured or owner.

Name of Person completing form (please print) _____	Date _____ / _____ / _____
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Zurich Australian Insurance Limited 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.