Claim form

Motor Vehicle

Claims Procedures

Claim form to be completed immediately

Vehicle Driveable

- Vehicle to be taken to a Zurich approved repairer.
- Forward claim form to Zurich.
- Repairer will arrange assessment and authorization.

Vehicle Not Driveable

Metropolitan Area

- Contact Towing Allocation on 131176.
- Vehicle to be towed to nearest Zurich Insurance approved repairer.
- Leave a copy of the completed claim form with vehicle.
- Repairer will arrange assessment and authorisation.

Country Area

- call Zurich on 1800 626 860 to have vehicle towed to nearest approved repairer or place of safety.
- Email Claim Form to Zurich Insurance with details of vehicle and/or including quotation.

If Another Vehicle Is Involved

Your Driver At Fault

- Liability is not to be admitted.
- Request the other party to put their demand in writing and to obtain one written quote.
- Refer any correspondence to Zurich Insurance as soon as possible.

Other Driver At Fault

- Ensure all particulars are detailed on claim form to enable recovery action to be instituted.

Vehicle Theft

- Ensure police are notified and obtain "Victim Of Crime Statement".
- Send or fax claim form to Zurich Insurance.
- If vehicle is recovered and is damaged refer above.

The issue or acceptance of this form is not to be construed as an admission of liability by Zurich Insurance. Please complete all questions to prevent processing delays.

1. Insured – State Government of Victoria

Department

Agency

Region

Contact name

Fleet manager

Phone number

Fax number

Email

Vehicle Classification (please tick)

☐ Executive   ☐ Operational

Driver VB & Logon

Employee number

Funding (please tick)

☐ State funded   ☐ Unit funded

SES unit

Executive means (as defined by the Australian Tax Office). Motor Vehicle of less than 1 tonne, or motor cycles if the vehicles are for use as part of a Remuneration Package (ie salary sacrifice by a particular executive officer).

Name of Executive Officer

Driver's department

2. Vehicle details

Year

Make

Model

Colour

Registration number

Please email all new claims to **motor.claims@zurich.com.au**

ZU23705 - V1 06/18

Zurich Australian Insurance Limited ABN 13 000 296 640, AFS Licence No. 232507. 5 Blue Street North Sydney NSW 2060.

VicFleet claim form – Page 1 of 4

3. Incident details

Date

[ ] / [ ] / [ ]   Time [ ] a.m. [ ] p.m. [ ]

Where did it occur?   Suburb/Town   Postcode

[ ]   [ ]   [ ]

Use of vehicle at time of incident

[ ]

Who do you consider was at fault and why?

[ ]

Weather at time of incident?

[ ]

Did police attend the incident?   [ ] Yes   [ ] No

If No, was this accident reported to the police?

[ ]

If Yes, which police station?

[ ]

Who do police consider was at fault for the incident?

[ ]

What speed were the vehicles doing at the time of the incident?

Your vehicle [km/h]   Other vehicle [km/h]

Description of incident

[ ]

Diagram of incident

Indicate North with arrow. ( )

Legend

⬡ Stop sign

Ⓧ Traffic lights

▽ Giveway sign
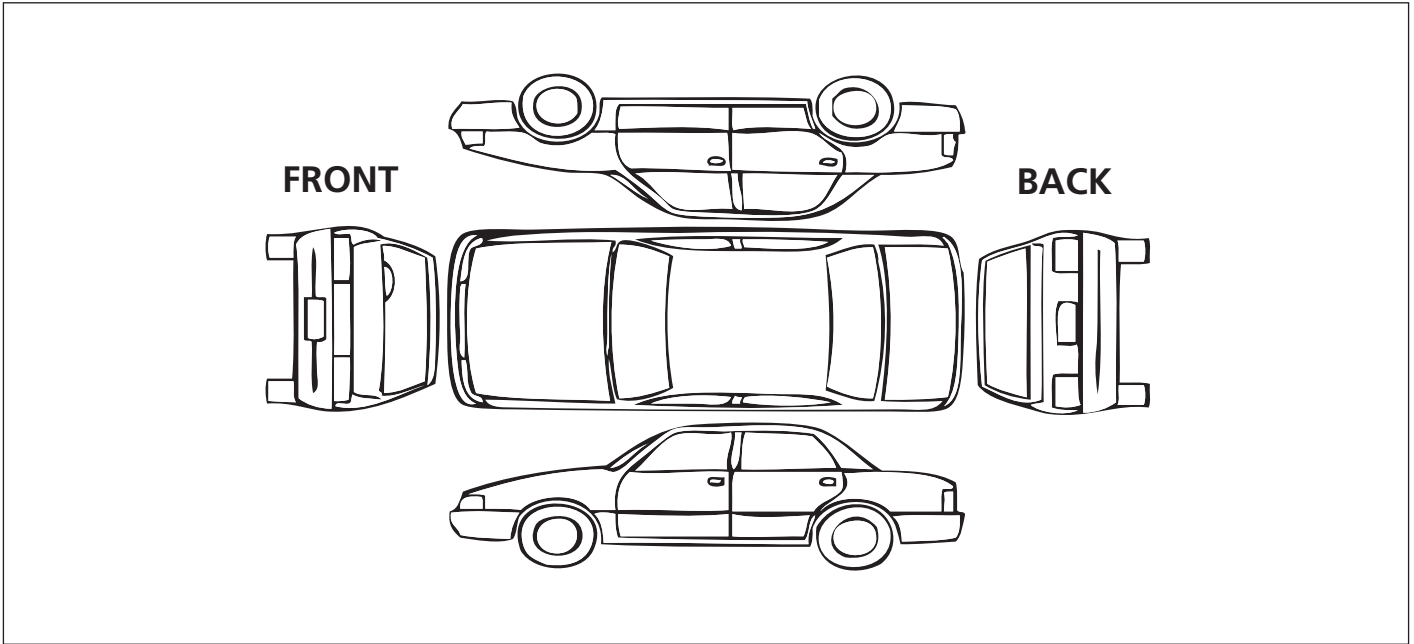
■ Your vehicle

☐ Other vehicle

◯ Pedestrian/Cyclist

·········· Road

Please indicate on the diagram below the accident damage to the insured vehicle

Was there any damage to your vehicle prior to the incident? ☐ Yes ☐ No

If Yes, please give details

Where can the vehicle be inspected?

4. Driver details

Employee number

Name

Home address

Postcode

Home phone number

Mobile phone number

Date of birth
___ / ___ / ___

Licence number

Class

Expiry date
___ / ___ / ___

Driving experience (years)

Has the driver attended a company-sponsored driver training course within the last two years? Yes ☐ No ☐

Did the driver consume any alcohol or take any drugs, 12 hours prior to the incident? Yes ☐ No ☐

If Yes, please state how much and when

Was the driver sober at time of incident? Yes ☐ No ☐

Did the driver undergo a breath or blood test? Yes ☐ No ☐

If Yes, please state the result

5. Other vehicle details

Driver

Address

Postcode

Home phone number

Licence number

Date of birth

/ /

Registered owner

Address

Postcode

Year

Make

Model

Colour

Registration number

Insurance Company/Reference number

6. Damage to other vehicle

Area of damage

Amount of damage

$

7. Witness to incident

Name

Address

Postcode

Phone number

Age

This information is to the very best of my knowledge and belief, true in every respect.

Signature of Driver

Date

/ /

Signature of Authorised Fleet Manager

Date

/ /

Save File

Print Form

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). Before providing us with any Personal or Sensitive Information ('Information'), you should know that:

We collect, use, process and store Personal Information and, in some cases, Sensitive Information about you such as health information, in order to comply with our legal obligations, assess your application and, if your application is successful, to administer the products or services provided to you, to enhance customer service and product options and manage a claim ('purposes').

If you do not agree to provide us with the Information, we may not be able to process your application, administer your policy or assess your claims.

By providing us or your intermediary with your Information, you consent to our use of this Information and where relevant for the purposes, you consent to our disclosure of your Personal Information, including your Sensitive Information, to your intermediary, affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our business partners, medical and health practitioners, government offices and agencies, regulators, law enforcement bodies, your employer, Workcover authorities and as required by law within Australia or overseas.

Zurich may obtain Information from government offices, the parties listed above and third parties to administer policies and assess a claim in the event of loss or damage.

In most cases, on request, we will give you access to personal information held about you. In some circumstances, we may charge a fee for giving this access, which will vary but will be based on the costs to locate the information and the form of access required.

For further information about Zurich's Privacy Policy, a list of service providers and business partners that we may disclose your Information to, a list of countries in which recipients of your Information are likely to be located, details of how you can access or correct the Information we hold about you or make a complaint, please refer to the Privacy link on our homepage – www.zurich.com.au, contact us by telephone on 132 687 or email us at Privacy.Officer@zurich.com.au