



ZURICH®

# 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](http://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

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](http://www.zurich.com.au), contact us by telephone on 132 687 or email us at [Privacy.Officer@zurich.com.au](mailto:Privacy.Officer@zurich.com.au)

## 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

.....  
.....  
.....  
.....

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  |
|   | /   / |

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.