



Motor Vehicle

Claims Procedures

Claim form to be completed immediately

Vehicle Driveable

- Complete a claim form and forward to Zurich.
- Zurich will email you with the claim number and claim details.
- Repairer will call you to arrange the repair of the vehicle.

Vehicle Not Driveable

Metropolitan Area

- Contact Towing Allocation on 131176.
- Vehicle to be towed to nearest place of safety.
- Zurich repairer will organise to tow the vehicle to repairer.
- 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 the accident.

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".
- Email a completed claim form to Zurich Insurance at motor.claims@zurich.com.au
- If vehicle is recovered and is damaged we will direct the vehicle to Zurich approved repairer.

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 <input type="text"/>	Agency <input type="text"/>	Region <input type="text"/>
Contact name <input type="text"/>	Fleet manager <input type="text"/>	
Phone number <input type="text"/>	Fax number <input type="text"/>	Email <input type="text"/>
Vehicle Classification (please tick) <input type="checkbox"/> Executive <input type="checkbox"/> Operational	Driver VB & Logon <input type="text"/>	Employee number <input type="text"/>
VIC SES Funded (please tick) <input type="checkbox"/> State Owned <input type="checkbox"/> Unit Owned	SES unit <input type="text"/>	

Executive means (as defined by the Australian Tax Office) a 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 <input type="text"/>	Driver's department <input type="text"/>
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2. Vehicle details

Year <input type="text"/>	Make <input type="text"/>	Model <input type="text"/>
Colour <input type="text"/>	Registration number <input type="text"/>	

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

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



Giveaway sign



Your vehicle



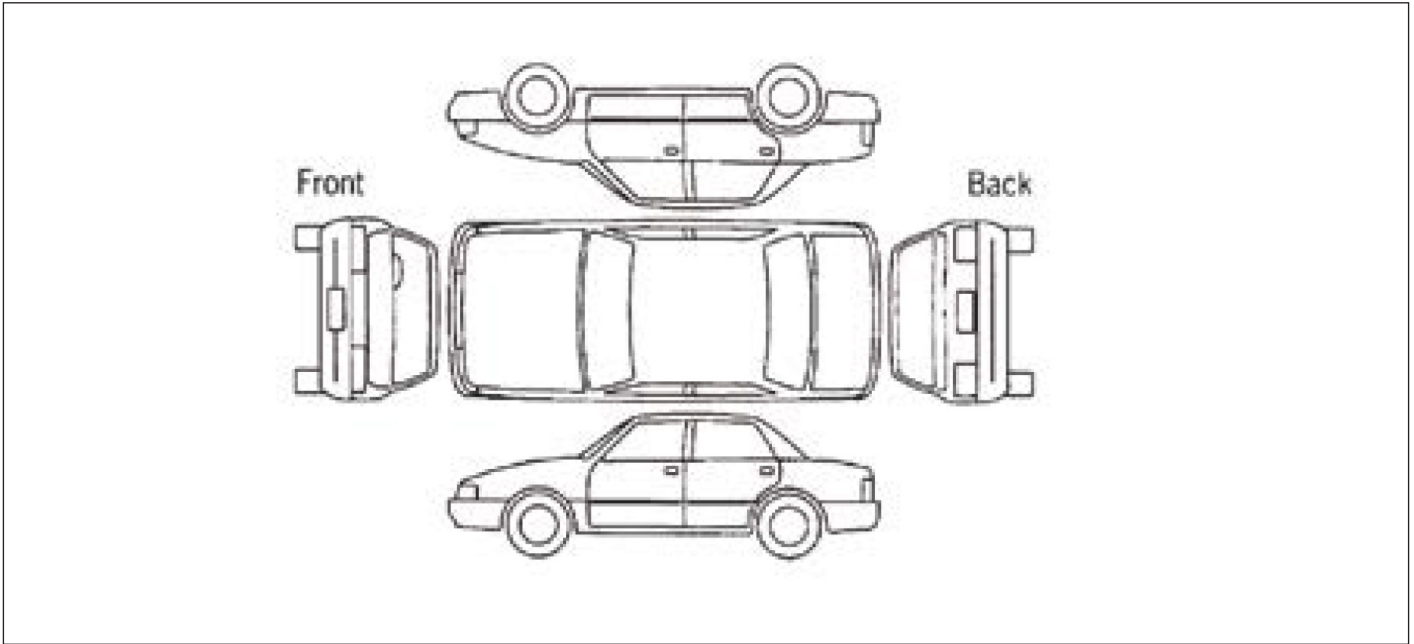
Other vehicle



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 / /

The information provided on this form will only be used for the management of motor vehicle insurance claims and will be managed in accordance with the Information Privacy principles pursuant to the Privacy and Data Act Protection Act 2014.