



Taxi Insurance

Claim form

Important notice – Omission of relevant information may delay attention to your claim.

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.

In the event of a Claim, Zurich Australian Insurance Limited 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.

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

1 The insured – Taxi operator

Surname	Given name(s)	Operator Accreditation No.	
ABN	ITC%	%	
Address		State	Postcode
Phone number – Private		Business	
Mobile		Fax	

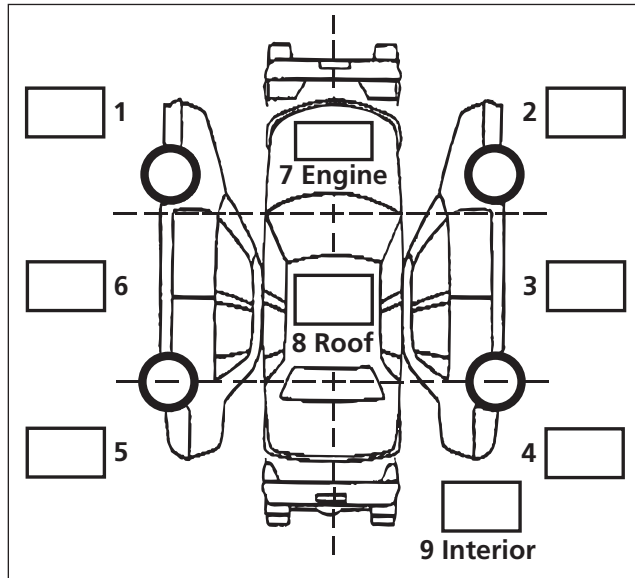
2 The accident

Date	/	/	Time	<input type="radio"/> am <input type="radio"/> pm	Cover note number
Location – Street					

3 The insured Taxi

Year _____ Make of vehicle _____ Model _____
 Registration No. _____ Body type _____ Chassis/Engine No. _____
 Is the Taxi at a repairer's premises? Yes No If 'Yes', state name of repairer _____

What parts of the Vehicle have been damaged? *Shade in diagram below.*



Was any part of the Taxi in a damaged condition prior to the accident?

Yes No If 'Yes', give details _____

4 Towing

Was your vehicle towed? Yes No If 'Yes', by whom? _____

5 The Taxi driver – Full details must be given

Surname _____ Given name(s) _____ Operator Accreditation No. _____
 Address _____ State _____ Postcode _____
 Phone number – Private _____ Business _____
 Mobile _____ Fax _____
 Date of birth / / _____ Driving experience _____
 Licence No. _____ Expiry date / / _____

Was intoxicating liquor or any drug consumed by the driver within 12 hours prior to the accident? Yes No

If 'Yes', how much? _____

Did the driver undergo a breath test, breath analysis or blood test? Yes No If 'Yes', state reading _____

Have you had any traffic convictions and/or offences or been involved in any motor vehicle accidents in the past five (5) years? Yes No

If 'Yes', give details _____

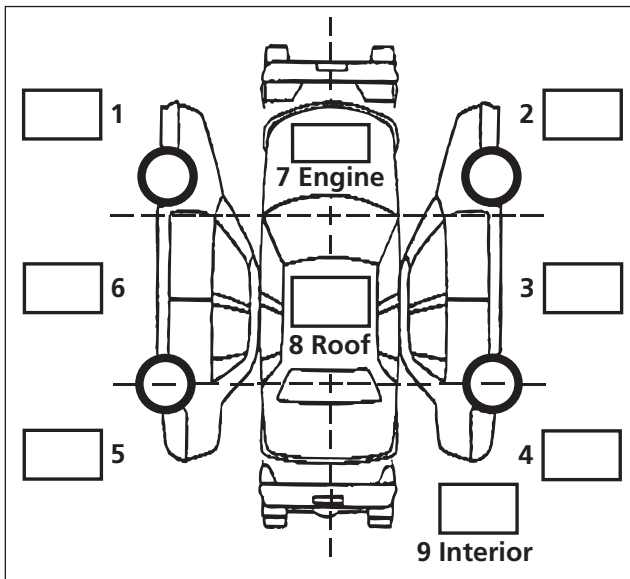
6 Other vehicle(s) and/or property involved

Year Make of vehicle Model

Colour Registration No. Insurance company

Policy No. Insurance type

What parts of the Vehicle have been damaged? Shade in diagram below.



Owners full name

Phone

Address

State Postcode

Drivers full name

Phone

Address

State Postcode

Drivers licence number

Expiry date / /

Date of birth / /

NOTE: If more than one third party vehicle is involved, please complete details on an additional sheet.

Owners full name

Address

State Postcode

Description of property damage

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7 Reporting to the Police

Police Station to which the accident was reported

Constable's name Whom do Police consider responsible?

If known, is any police action pending? Yes No

Against whom? Nature of charge

Did Police attend the scene of the accident? Yes No Was a P5 FORM issued? Yes No

8 Witnesses

In your Taxi

1. Name Contact telephone number

Address State Postcode

2. Name Contact telephone number

Address State Postcode

Independent witnesses

1. Name Contact telephone number

Address State Postcode

2. Name Contact telephone number

Address State Postcode

Number of persons in your Taxi vehicle? In other vehicle?

9 Injuries

Was any person injured? Yes No If 'Yes', give details

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10 Responsibility for the accident

Who do you consider to be at fault? Why

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11 Description of accident

Please state fully how accident occurred (use separate sheet if necessary)

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Please draw a PLAN OF ROADWAY where accident happened.

- 1. Indicate lane markings - - - -
- 2. Show give way  and stop signs 
- 3. Show traffic control lights 
- 4. Indicate direction with 
- 5. Show your vehicle  other vehicles  

12 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) Zurich Australian Insurance Limited (the "Company") may release the information set out in this Claim Form (including without limitation, drivers / owners age, Licence number and driver authority number) to the Insured's Taxi Group/Company and to the NSW Taxi Industry Association.
- (c) 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.