



Lutheran Church of Australia - Driver's Procedure

Policy No:- 532994589VFT

AT THE SCENE OF THE ACCIDENT:

1. Ensure your safety, the safety of others and of the vehicle(s) and belongings.
2. **DO NOT ADMIT ANY LIABILITY.**
3. Comply with Police reporting requirements.
4. If another vehicle(s) or other person(s) property is involved, obtain:
 - (i) The **owner's** name, address and telephone number.
 - (ii) The **driver's** name, address, telephone number and if applicable license number.
 - (iii) The name of the owner's insurance company.
 - (iv) The make, type and registration number of the vehicle(s).
 - (v) The name and address of any witnesses and who they will be a witness for.
 - (vi) The location of the accident, time & date

5. **Reporting claims**

Complete a Zurich Motor Vehicle Claim Form and post, fax or email to:-
Postal Address:-**Carmela Furno, Zurich Australia, GPO Box 1439, Adelaide 5001**
Facsimile:- 08 8300 8488
Email Address:- carmela.furno@zurich.com.au

For queries in relation to your claim or to arrange an assessment call Zurich's dedicated claims officer, Carmela Furno on **08 8300 8612** and advise Carmela that you are driving a vehicle covered by the Lutheran Church Motor Fleet policy 532994589VFT.

Motor Vehicle Claim forms will be available on the LLL website www.lll.org.au/insurance at the end of July.

6. **After hours assistance**

For assistance with a claim after normal business hours call **132 687**.

7. **Windscreen Claims**

Contact O'Brien 24 hours a day on **131 616** for all windscreen claims. O'Brien's will provide you with an O'Brien's claim form, which will be submitted direct to Zurich on your behalf. with their invoice. O'Brien are authorised to make arrangements for windscreen claims without the need to contact Zurich.

If you choose another windscreen repairer, please complete a Zurich Windscreen Claim Form and post or email to the above address.

Advise your Business Manager/Administrator of the incident and the action you have taken.



ZURICH

Because life changes.

Motor Vehicle Insurance Windscreen

YOUR 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) 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, 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;
- 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.

Claim Form

Motor Vehicle Insurance Windscreen

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM.
IT IS ISSUED TO ENABLE THE INSURED TO LODGE A WRITTEN STATEMENT OF CLAIM.



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Because life changes.

CLAIM NO. (Office use only)

INSURED DETAILS - Please print your answers

Full name of Insured - Mr/Mrs/Miss/Ms

Address Postcode

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

Occupation

Private Phone No. Business Phone No.

Policy No.

PARTICULARS OF MOTOR VEHICLE

MAKE	REGISTERED NUMBER	ENGINE NUMBER	FOR WHAT PURPOSE WAS VEHICLE BEING USED AT TIME OF ACCIDENT?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If vehicle is under Hire Purchase, state name of Finance Company

PARTICULARS OF DRIVER

Name of Driver at time of Accident - Mr/Mrs/Miss/Ms

Address Postcode

Occupation

Licence No. of Driver Date of Expiry

Date of Birth How long Licensed in Australia? Years

PARTICULARS OF ACCIDENT

Date of Accident Day Time am/pm

Where did the Accident happen? Metro/Country

Brief particulars

Name and address of Repairer Postcode

Estimate or cost of repairs \$

DECLARATION

I HEREBY DECLARE that the foregoing particulars are a true and faithful account of the loss sustained by me and do not include any profit or advantage of any kind. I further declare that the conditions on the Policy issued to me have been faithfully complied with and that I have in no manner caused the said loss or sought unjustly to benefit thereby.

SIGNATURE DATE WITNESS