



TOKIO MARINE
NICHIDO

Tokio Marine & Nichido Fire Insurance Co., Ltd.

ABN 80 000 438 291

Managing Agent in Australia:

Tokio Marine Management (Australasia) Pty. Ltd.

ABN 69 001 488 455

Level 31, 9 Castlereagh Street, Sydney NSW 2000

GPO Box 4616, Sydney NSW 2001

Tel. (02) 9232 2833 Fax. (02) 9232 6374

<http://www.tokiomarine.com.au>

Email: motorclaims@tokiomarine.com.au



Motor Vehicle Claim Form

YOUR PRIVACY

- We collect personal information about you (including the information you provide in this Motor Vehicle Claim Form) to enable us to assess your claim and related purposes. We will, where relevant, disclose your personal information (*other than sensitive information, such as information about your health*) to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters, investigators and solicitors) and other businesses we work with for this purpose. In some cases, we may need to share your information with our related companies overseas, including our head office in Japan.
- Where relevant, to assess your claim we will also disclose personal information collected from you, including sensitive information about you (such as information about your health), to medical practitioners, other health professionals, reinsurers, legal representatives and other consultants we use to help us assess your claim. **By signing this Motor Vehicle 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 our service providers, key business alliances and the consultants we commonly use is available on request.
- 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 be able to assess your 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. Where we are unable to grant you access, we will tell you why.
- This Privacy Statement should be read in conjunction with our Privacy Policy. A full copy of our Privacy Policy can be located on our website at www.tokiomarine.com.au, or available upon request by contacting our Privacy Officer at the details contained below in this Statement.
- If you would like to find out more about our information handling practices, you can contact us by telephone on 02 9232 2833, email us at privacy@tokiomarine.com.au or write to 'The Privacy Officer' at Tokio Marine & Nichido Fire Insurance Co Ltd, GPO Box 4616, Sydney, NSW, 2001. Please provide details of your policy number/s and/or claim number where known.



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PLEASE USE CAPITALS TO FILL IN CLAIM FORM

Motor Vehicle Claim Form



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.

PLEASE COMPLETE ALL SECTIONS

| | | | | | |
|---|----------------------|-------------------------------|----------------------|--------------------------|----------------------|
| Policy Number | <input type="text"/> | Expiry Date | <input type="text"/> | Excess | <input type="text"/> |
| Name of Insured | <input type="text"/> | | | | |
| Postal Address | <input type="text"/> | | | | |
| Contact Person | <input type="text"/> | | | Postcode | <input type="text"/> |
| Phone No | <input type="text"/> | Driver's Mobile Number | <input type="text"/> | | |
| Driver's Email | <input type="text"/> | | | | |
| Is Insured Sole Owner? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| If no, state Name of Finance Company | <input type="text"/> | | | | |

Insured Vehicle

| | | | | | |
|--|--------------------------|---|--------------------------|--------------------------------|--------------------------|
| Make | <input type="text"/> | Model | <input type="text"/> | Year of Manufacture | <input type="text"/> |
| Registration Number | <input type="text"/> | | | | |
| Use of vehicle at time of accident: | Business | <input type="checkbox"/> | Private | <input type="checkbox"/> | |
| Odometer Reading | <input type="text"/> | | | kms | |
| CLASS OF VEHICLE | | | | | |
| Sedan | <input type="checkbox"/> | Utility up to 2T | <input type="checkbox"/> | Articulated Prime Mover | <input type="checkbox"/> |
| Station Wagon | <input type="checkbox"/> | Van | <input type="checkbox"/> | Semi Trailer | <input type="checkbox"/> |
| Four Wheel Drive | <input type="checkbox"/> | Rigid Vehicle over 2T and up to 5T | <input type="checkbox"/> | Other | <input type="text"/> |
| Trailer Details (if applicable) | | | | | |
| Make | <input type="text"/> | Type | <input type="text"/> | Year | <input type="text"/> |
| | | Registration No | <input type="text"/> | | |

Surname Given Name(s)

Address:

Phone No: Date of Birth Age Yrs

Licence No: Class of Licence & State of Issue

Date Licence First Obtained Licence Expiry Date

Name of Registered Owner of Vehicle

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

If Yes, please give details:

If further space is required, please attach a separate sheet with this information

Did the driver consume any alcohol or take any drugs during the 12 hours prior to the accident? Yes No

If Yes, please give details:

If further space is required, please attach a separate sheet with this information

Was a breath or blood alcohol test taken? Yes No

If Yes, please advise result

Was the driver: A Paid employee of the Insured? Yes No
Driving with the Insured's Knowledge & consent? Yes No

Damage to Insured Vehicle

Was your vehicle damaged? Yes No

Was your vehicle towed away? Yes No Name of Towing Co

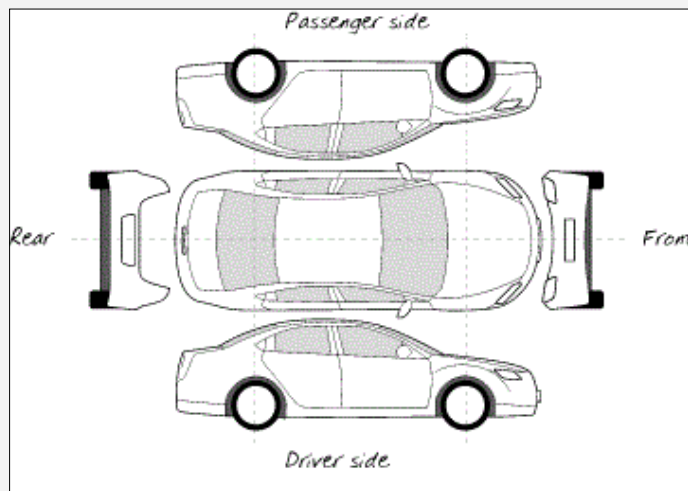
Is the vehicle at a repairer's? Yes No Phone No of Towing Co

INDICATE DAMAGED AREA ON YOUR VEHICLE

ESTIMATE OF DAMAGES

\$

REPAIRER NAME



Address where vehicle can be inspected:

Number of persons in Insured Vehicle Other vehicle(s)

Accident Details

(PLEASE COMPLETE ALL SECTIONS)

Date of Event Day of Week Time am/pm

Location: Street Suburb Postcode

How did the incident occur?

Please draw a plan of the accident. Show the nearest cross street; street names; centre of the roadway; direction and location of vehicles. It is important to detail all road signs and marking and width of road.

Indicate your own vehicle as



Indicate any other vehicle as



Large empty box for drawing the accident plan.

Estimated speed of your vehicle 30 metres prior to accident KPH

Estimated speed of your vehicle at impact KPH

Estimated speed of other vehicle just prior to accident KPH

If after sunset Was scene of accident well lit? Yes No
Were lamps alight on: Your Vehicle Yes No
Were lamps alight on: Other Vehicle Yes No

Was your vehicle on the correct side of the road? Yes No

Was the road wet or dry? Wet Dry

What were the visibility conditions? Good Moderate Poor

At what distance from the kerb was your vehicle? metres

What was the width of the roadway? metres

Who do you consider was at fault? Myself Other Driver Other

Why?

Have you admitted liability? Yes No

Has the other driver admitted liability? Yes No

Were there any witnesses to the accident? Yes No

If yes, please provide names and addresses

Police Details

Did Police attend the accident? Yes No Police Report No

If Yes, Police Station & Officer

Did Police indicate who was responsible? Yes No If Yes, Name of Driver

Did Police charge either driver or suggest action may be taken? Yes No Charge

Damage to other vehicle or property (PLEASE COMPLETE ALL SECTIONS)

| | Third Party Vehicle 1 | Third Party Vehicle 2 |
|-------------------------------------|-----------------------|-----------------------|
| Name of Other Driver | | |
| Address | | |
| | | |
| Date of Birth/Age | | |
| Phone No | | |
| Licence No | | |
| Vehicle Make & Model | | |
| Registration No | | |
| Name of Registered Owner | | |
| Address | | |
| | | |
| Phone No | | |
| Other Insurance Company | | |
| Policy Number or Claim Number | | |
| Location of Damage to Other Vehicle | | |
| | | |
| | | |

Personal Injuries

Was anyone injured in the accident? Yes No

| Name | Type of Injury | Injured Party (Passenger/Driver) | Vehicle (Rego No) |
|------|----------------|----------------------------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Declaration – Read carefully before signing

The information and answers given above are true in every detail and no information has been withheld.

Driver's Signature Date / /

Insured's Signature Date / /

NB – ALL QUESTIONS MUST BE ANSWERED – THIS COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM.

Tokio Marine and Nichido Fire Insurance Co., Ltd. is a member of the insurance industry's impartial Financial Ombudsman Service. This independent service is provided to the insuring public at no cost and aims to resolve claims complaints quickly and informally. You should first take your complaint up with our local manager. In most cases the problem will be resolved easily. If you are not satisfied with the outcome, you may contact the Financial Ombudsman Service in your state for advice and assistance in resolving your claim. The telephone number is 1300 780 808. Website: www.fos.org.au