



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 3, 1 Chifley Square, Sydney NSW 2000
GPO Box 4616, Sydney NSW 2001
Tel. (02) 9225 7500 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.

To Be a Good Company





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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"/>	Excess	<input type="text"/>
Name of Insured	<input type="text"/>		
Insured Address	<input type="text"/>		
Contact Person	<input type="text"/>	Postcode	<input type="text"/>
Contact Person Phone No	<input type="text"/>		
Contact Person Email	<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		Private		
Odometer Reading (if available)	<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"/>
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Accident Details

(PLEASE COMPLETE ALL SECTIONS)

Date of Event

Time

Location:
Include Cross St

Suburb

State/
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



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
	What were the visibility conditions?	Good	Poor
Who do you consider was at fault?	Myself	Other Driver	Other
Why?	<input style="width:100%;" type="text"/>		
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	<input style="width:100%;" type="text"/>		
<input style="width:100%; height: 20px;" type="text"/>			
<input style="width:100%; height: 20px;" type="text"/>			
<input style="width:100%; height: 20px;" type="text"/>			
<input style="width:100%; height: 20px;" type="text"/>			
<input style="width:100%; height: 20px;" type="text"/>			

Driver Name(s) Driver Surname

Address:

Mobile No: Date of Birth Age Yrs

Driver Email Licence Class & State of Issue

Years Licenced to Drive 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 24 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

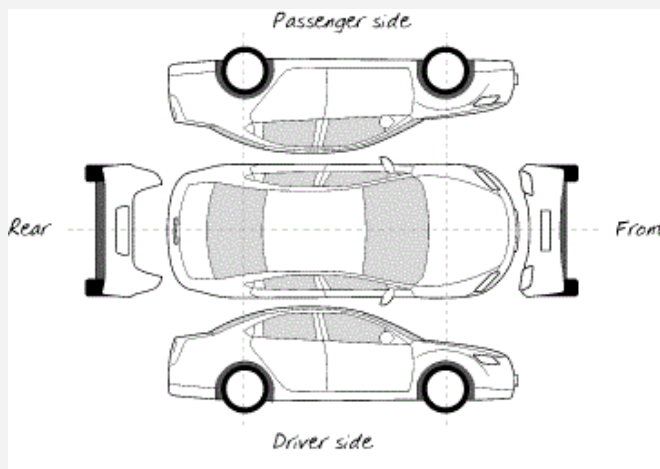
Was your vehicle towed away? Yes No Name of Towing Co

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

INDICATE DAMAGED AREA ON VEHICLE

Repairer Name

Repairer Phone Number



- Front End
- Rear End
- Bonnet
- Roof
- Passenger Side
- Passenger Rear
- Passenger Front
- Driver Rear
- Driver Side
- Driver Front
- Undercarriage/Engine
- Burnt/Stripped

Address where vehicle can be inspected:

Number of persons in Insured Vehicle

Police Details

Did Police attend the accident or was it reported?

Yes

No

Police Report No

If Yes, Police Station & Officer

Did Police indicate who was responsible?

Yes

No

If Yes, Who was responsible?

Did Police charge either driver or suggest action may be taken?

Yes

No

Charge (if applicable)

Damage to Third Party vehicle or Property**(PLEASE COMPLETE ALL SECTIONS)**

	Third Party Vehicle 1	Third Party Vehicle 2
Name of Third Party Driver		
Address		
Suburb/Postcode		
Email Address		
Date of Birth/Age		
Phone No		
Vehicle Make & Model		
Registration No		
Name of Registered Owner		
Registered Owner's Address		
Suburb/Postcode		
Registered Owner's Phone No		
Third Party Insurance Company		
Third Party Claim Number		
Location of Damage to Third Party Vehicle		

Personal Injuries

Was anyone injured in the accident?

Yes

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

Company Authorised Signatory

Date

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

Tokio Marine is a participant in the General Insurance Code of Practice as administered by Australian Financial Complaints Authority (AFCA) formerly known as the Financial Ombudsman Service (FOS).
 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 Australian Financial Complaints Authority (AFCA) for advice and assistance in resolving your claim. The telephone number is 1800 931 678 . Website: www.afca.org.au