

## 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](http://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](mailto: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.



TOKIO MARINE  
NICHIDO

Tokio Marine & Nichido Fire Insurance Co., Ltd.

ABN 80 000 438 291

Managing Agent and Corporate Authorised Representative  
(AR 1313066) in Australia:

Tokio Marine Management (Australasia) Pty Ltd

ABN 69 001 488 455

Level 17, 60 Margaret Street, Sydney NSW 2000  
GPO Box 4616, Sydney NSW 2001  
Tel. (02) 9225 7500 Fax. (02) 9232 6374

*Please note that you will require Adobe Acrobat to  
complete this form on your device/computer/laptop*

<https://www.tokiomarine.com.au>  
Email: [motorclaims@tokiomarine.com.au](mailto:motorclaims@tokiomarine.com.au)

**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**

**Name of Insured**

**Insured Address**

**Contact Person**

**Postcode**

**Contact Person  
Phone No**

**Contact Person  
Email**

### Insured Vehicle

**Make**

**Model**

**Year**

**Registration  
Number**

**Use of vehicle at time of accident:**

**Business**

**Private**

**Odometer Reading (if available)**

**kms**

#### CLASS OF VEHICLE

**Sedan**

**Utility up to 2T**

**Articulated Prime Mover**

**Station Wagon**

**Van**

**Semi Trailer**

**Four Wheel Drive**

**Rigid Vehicle over 2T and up to 5T**

**Other**

**Trailer Details (if applicable)**

**Make**

**Type**

**Year**

**Registration  
No**

Date of Event

Time

Location:  
Include Cross St

Suburb

State/  
Postcode

How did the incident occur? If Dash cam is available, please send to motorclaims@tokiomarine.com.au with your claim

You may be requested to provide a diagram of the accident to determine liability. Please ensure that you note down all relevant details and conversations held with the other parties below.

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?			
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			

Driver Name(s)

Driver Surname

Address:

Mobile No:

Date of Birth

Age

Yrs

Driver Email

Licence Class &amp; State of Issue

Years Licenced  
to Drive

Licence Expiry Date

Name of Registered  
Owner of VehicleHave 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 &amp; 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?

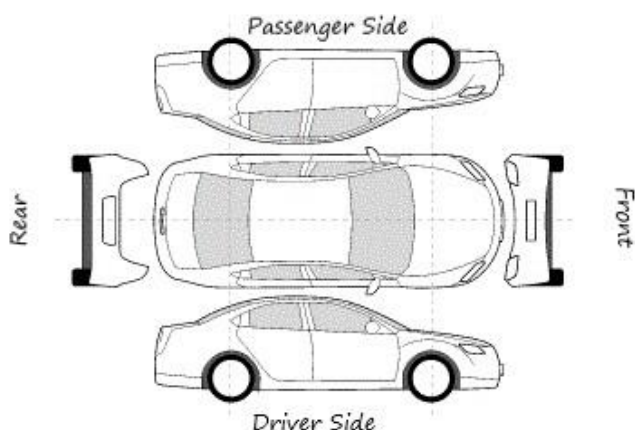
Yes

No

Towing Co Phone

Repairer Name &amp; Contact Number

## INDICATE DAMAGED AREA ON VEHICLE

Undercarriage/Engine  
Burnt/Stripped

Vehicle Inspection Address

Number of persons in  
Insured Vehicle

**Police Report No**Charge  
(if applicable)

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

	Third Party Vehicle 1	Third Party Vehicle 2
1. Vehicle Identification Number (VIN)		
2. Make and Model		
3. Year		
4. Color		
5. License Plate Number		
6. Driver's Name		
7. Driver's Address		
8. Driver's Phone Number		
9. Date of Incident		
10. Location of Incident		
11. Description of Incident		
12. Name of Insurance Company		
13. Policy Number		
14. Date of Policy Issuance		
15. Name of Agent		
16. Agent's Address		
17. Agent's Phone Number		
18. Date of Agent's Visit		
19. Name of Repair Shop		
20. Shop's Address		
21. Shop's Phone Number		
22. Date of Repair		
23. Name of Mechanic		
24. Mechanic's Address		
25. Mechanic's Phone Number		
26. Date of Mechanic's Visit		
27. Name of Rental Company		
28. Company's Address		
29. Company's Phone Number		
30. Date of Rental		
31. Name of Rental Agent		
32. Agent's Address		
33. Agent's Phone Number		
34. Date of Agent's Visit		
35. Name of Towing Company		
36. Company's Address		
37. Company's Phone Number		
38. Date of Towing		
39. Name of Towing Driver		
40. Driver's Address		
41. Driver's Phone Number		
42. Date of Driver's Visit		
43. Name of Storage Facility		
44. Facility's Address		
45. Facility's Phone Number		
46. Date of Storage		
47. Name of Storage Manager		
48. Manager's Address		
49. Manager's Phone Number		
50. Date of Manager's Visit		

### Party Vehicle

## Personal Injuries

**No**

### Declaration – Read carefully before signing

**Date**

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

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](http://www.afca.org.au)