

## *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 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.

<b>If after sunset</b>	<b>Was scene of accident well lit?</b>	<b>Yes</b>	<b>No</b>
	<b>Were lamps alight on: Your Vehicle</b>	<b>Yes</b>	<b>No</b>
	<b>Were lamps alight on: Other Vehicle</b>	<b>Yes</b>	<b>No</b>
<b>Was your vehicle on the correct side of the road?</b>		<b>Yes</b>	<b>No</b>
<b>What were the visibility conditions?</b>		<b>Good</b>	<b>Poor</b>
<b>Who do you consider was at fault?</b>	<b>Myself</b>	<b>Other Driver</b>	<b>Other</b>
<b>Why?</b>			
<b>Have you admitted liability?</b>		<b>Yes</b>	<b>No</b>
<b>Has the other driver admitted liability?</b>		<b>Yes</b>	<b>No</b>
<b>Were there any witnesses to the accident?</b>		<b>Yes</b>	<b>No</b>
<b>If yes, please provide names and addresses</b>			

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?

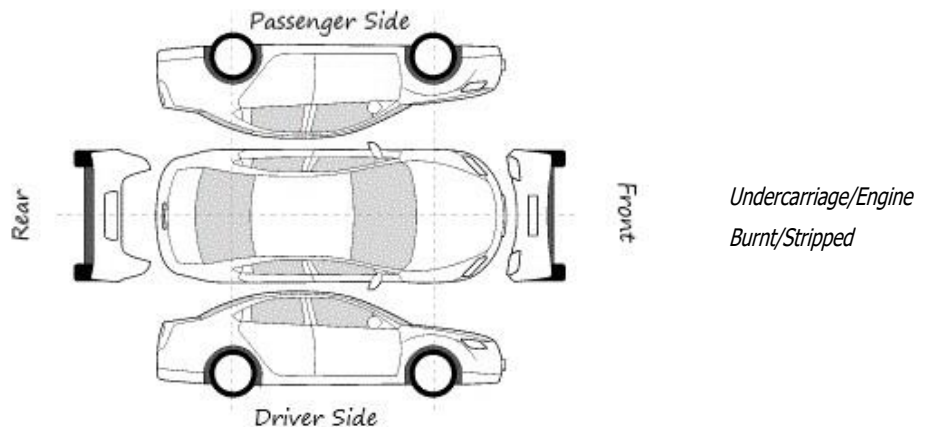
Yes

No

Towing Co Phone

Repairer Name & Contact Number

INDICATE DAMAGED AREA ON VEHICLE



Vehicle Inspection Address

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 Third Party Address

Suburb/Postcode

Email Address

Date of Birth/Age

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