

# Claims notification for motor vehicle insurance



Policy no.

Your reference

Claim no.

Dear Customer

You can also report the accident to us by phone. Please call us toll-free at 0800 80 80 80. Use this complementary service in all cases, in particular if you want to have your vehicle inspected at a Help Point. We are there for you 24 hours a day.

You can reach us from outside Switzerland by dialling +41 1 628 98 98.

Please complete this claims notification form as follows:

1. Please indicate the type of damage incurred (more than one answer possible).



Damage to your vehicle due to a collision



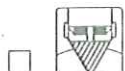
Damage to your vehicle due to other incident (e.g. damage caused by natural disasters or animals)



Damage to *third-party* vehicles or property



Injury to or death of persons



Theft of your vehicle or damage caused to your vehicle during theft



Theft or damage to travel effects

2. Answer all questions with the corresponding symbol.

3. Do not forget to sign the claims notification form before returning it to the Zurich agency, together with all other required documents.

## 1. Personal information



Last name/Name of company

First name

Street/No./Postcode/Town/City

Occupation

Telephone (day)

Telephone (home)

Please provide us with your exact bank details:

Post Office account no.

Bank

Branch

Account no.

Value added tax: Are you entitled to any pre-tax deductions? ☐ yes ☐ no

Legal protection: Do you have legal protection? ☐ yes ☐ no

If yes, with which company?

Has the incident been reported there? ☐ yes ☐ no



## 2. Details about your vehicle

Make and model

VIN or chassis no.

License plate

1. First time registered

Odometer reading at the time of the accident

km

## 3. Details about the driver of your vehicle



(In the case of theft, please give the name of the last driver before the vehicle was stolen)

3.1 If you were driving the vehicle yourself, only complete section 3.2

☐ Mrs./Ms/Miss ☐ Mr.

Last name

Street/No.

Postcode/Town/City

Telephone (day)

Telephone (home)

3.2 Please complete all fields

Date of birth

Occupation

Nationality

Valid driver's license or  
learner's permit? ☐ yes ☐ no

Category

Date of test

Purpose of the journey? ☐ private ☐ business ☐ journey to work

Was the vehicle used with your permission? ☐ yes ☐ no

Was the vehicle a rental car? ☐ yes ☐ no

## 4. General information about the accident



Date

Time (24-hour clock)

Country/Postcode/Town/City

Street/No.

Has a police report been filed?  
If yes, by which police station?

☐ yes ☐ no

Name of the police officer

Telephone

Were there any witnesses?

☐ yes ☐ no

Number of passengers in your vehicle

Name /Address

Name /Address

Description of the accident (to be completed even if a police report has been filed):

☐ (continued on a separate sheet)

## 5. If your vehicle was involved in a collision, we also require the following information:



Please sketch

Vehicles		Motor-cyclists	Cyclists Moped drivers	Pedestrians
Yours	other persons involved			
	etc.			

Please check box as appropriate  
(more than one answer possible):

Place of accident

- |   |                                    |   |
|---|------------------------------------|---|
| <input type="checkbox"/> Out of town        | <input type="checkbox"/> In town   | <input type="checkbox"/> Residential street |
| <input type="checkbox"/> Minor road         | <input type="checkbox"/> Main road | <input type="checkbox"/> Business premises  |
| <input type="checkbox"/> Expressway/Highway |                                    |   |
| <input type="checkbox"/> other location     | <input type="text"/>               |   |

Road and visibility conditions:

- |                                   |                               |
|-----------------------------------|-------------------------------|
| <input type="checkbox"/> dry      | <input type="checkbox"/> wet  |
| <input type="checkbox"/> snow     | <input type="checkbox"/> ice  |
| <input type="checkbox"/> twilight | <input type="checkbox"/> dark |
| <input type="checkbox"/> fog      |                               |

What speed was your vehicle travelling at?

km/h

### Details about the party at fault

Do you consider yourself/the driver of your vehicle to be: ☐ at fault ☐ partly at fault ☐ not at fault

Do you consider another person to be:

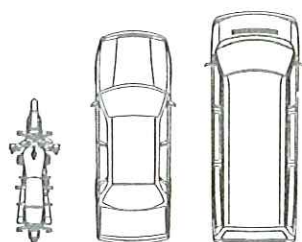
☐ at fault ☐ partly at fault ☐ not at fault

Who?

Reason

## 6. Details about damage to your vehicle

Please mark the area where the impact occurred with a → and label those areas which sustained any damage.



Which parts of your vehicle are damaged?


Cost of damage in CHF

Estimate provided by

Would you like to visit a Help Point?

☐ yes ☐ no

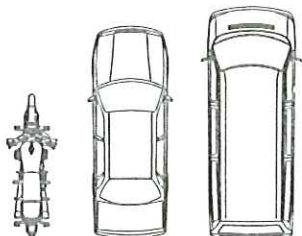
Name and address of the garage

Telephone

Date repairs were carried out

## 7. Details about damage to third-party vehicles

Please mark the area where the impact occurred with a → and label those areas which sustained any damage.



Name of the owner

Telephone (day)

Street/No.

Postcode/Town/City

Name of the driver

Street/No.

Postcode/Town/City

Make and model

License plate

Cost of damage in CHF

Estimate provided by

Name and address of the garage

Date repairs were carried out

Accidental damage insurance

Comprehensive insurance

What type of insurance is this vehicle covered by?

Full accidental damage insurance

☐ yes ☐ no

Was damage sustained to any other third-party vehicles?

☐ yes (please provide details on a separate sheet) ☐ no

## 8. Details about persons injured/killed



First person injured/killed:

- ☐ Cyclist/Moped driver ☐ Motorcyclist ☐ Passenger in my vehicle  
☐ Pedestrian ☐ Pillion rider ☐ in another vehicle

Were they wearing a seatbelt? ☐ yes ☐ no  
Where were they seated? ☐ in the front ☐ in the back

☐ Mrs./Ms/Miss ☐ Mr.

Last name

First name

Date of birth

Marital status

Occupation

Street/No.

Postcode/Town/City

Telephone (day)

Telephone (home)

Employer

What injuries did this person sustain?

Name/Address of the doctor/hospital which treated the patient

Which insurance company/health insurer is this person insured with for accidents?

Second person injured/killed:

- ☐ Cyclist/Moped driver ☐ Motorcyclist ☐ Passenger in my vehicle  
☐ Pedestrian ☐ Pillion rider ☐ in another vehicle

Were they wearing a seatbelt? ☐ yes ☐ no  
Where were they seated? ☐ in the front ☐ in the back

☐ Mrs./Ms/Miss ☐ Mr.

Last name

First name

Date of birth

Marital status

Occupation

Street/No.

Postcode/Town/City

Telephone (day)

Telephone (home)

Employer

What injuries did this person sustain?

Name/Address of the doctor/hospital which treated the patient

Which insurance company/health insurer is this person insured with for accidents?

Were any more people injured/killed? ☐ yes (please provide details on a separate sheet) ☐ no

## 9. Details about damage to other items (e.g. traffic signs, animals, garden fences, clothing, etc.)



Item damaged

Cost of damage in CHF

Estimate provided by

Name of the owner

Street/No.

Postcode/Town/City

Telephone (day)



If yes, which ones?


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	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Policy no.

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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

### 13. Declaration and signature



"The undersigned authorize(s) Zurich Insurance Company to process to the extent required data derived from the processing of the claim and to pass this information on for processing to third parties affected by the damage in and outside Switzerland, in particular to coinsurance and reinsurance companies, in accordance with the data protection act.

The undersigned authorize(s) attending medical staff and their assistants to provide Zurich Insurance Company or its medical service with all information required in connection with the accident and the processing of the claim, and thereby release(s) these persons from their obligation to maintain secrecy for this purpose.

Zurich Insurance Company is authorized to procure pertinent information from official sources and to inspect official files.

Furthermore, Zurich Insurance Company is authorized – in the event of recourse to a liable third party – to provide the necessary information to the liable third party or their liability insurer to enable them to enforce their legal claims.

The undersigned person(s) has/have the right to request that Zurich provide information with regard to data pertaining to him/her.

Zurich Insurance Company agrees to handle the information it receives in a confidential manner."

Place, date

Signature of driver

Signature of policyholder