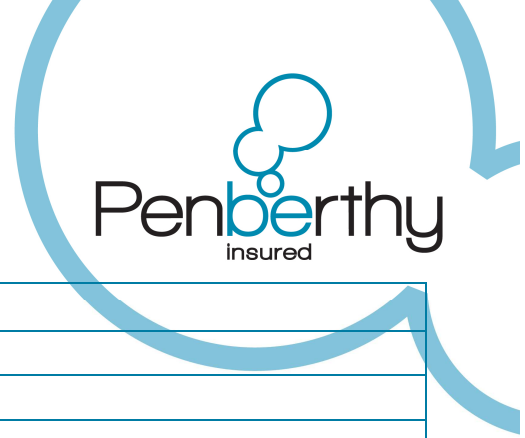


Motor Vehicle Claim Form



Insured details: Full details of Insured/Owner		
Insured:		
Client and policy numbers:		
Postal address:	Suburb/Town:	
Telephone No; Home:	Work:	Mobile:
Fax No:	Email Address:	
Vehicle details: Full details of insured vehicle		
Year:	Make:	Model:
Reg No:	Financially interested / leased:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Drivers details: Full details of insured driver or person in charge of insured vehicle at the time of accident or loss		
Full name:	Date of birth: / /	
Home address:	Suburb/town:	
New Zealand licence: <input type="checkbox"/> Yes <input type="checkbox"/> No	Years licenced:	Type: Learner <input type="checkbox"/> Restricted <input type="checkbox"/> Full <input type="checkbox"/>
Licence No:	Version No:	Expiry date: / /
Has the drivers licence been endorsed or suspended ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide details:		
Relationship to insured		
<input type="checkbox"/> Insured/Owner/Director <input type="checkbox"/> Relative (specify): <input type="checkbox"/> Other (specify):		
For what purpose was the insured vehicle being used? <input type="checkbox"/> Business <input type="checkbox"/> Private		
Had you taken any intoxicating liquor and/or drugs (prescribed or otherwise) within the 12 hours prior to the accident?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give full details:		
Have you ever been convicted of any traffic or criminal offences (other than parking) within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please give full details:		
Offence	Approximate date	Court action
	/ /	
	/ /	
Has the driver had any condition which could affect their fitness as a driver eg. diabetes, epilepsy, heart condition, physical or mental illness or disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please give details below. Include daily dosage and the name of any medication.		
Have you had any motor accidents or claims including theft (other than windscreen breakage) within the last five years?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please give full details:		
Details	Approximate date	
	/ /	
	/ /	

Have you had any insurance policy declined or cancelled? If yes, please provide details:

Accident/Loss details:

Location (street):

Suburb/town:

Date: / /

Time: am/pm

Day of week:

Speed (kmph) prior to braking:

Approximate speed (kmph) on impact:

Weather conditions:

Fine Raining Fog Overcast Strong winds

Road surface:

Sealed Unsealed Dry Wet

Do you consider the other driver was responsible for the accident? Yes No

If Yes, please give reasons:

Were the headlights switched on and functioning (applicable to motorcycles only) ? Yes No

Did the Police attend the scene of the accident? Yes No Police Ref No.

Did any driver undergo any test for alcohol or drugs? Yes No

If Yes, please give details:

Describe in detail how the accident occurred:

Sketch plan of accident (not required for Theft or Fire claims)

Indicate: Layout of road, Position of vehicles on impact, Road signs and markings, Direction of vehicles travelled, Other

Vehicles (reg), Identify your vehicle

Details of damage or loss to insured vehicle (indicate where insured vehicle is damaged):

Frontal Bonnet Multiple sides Rear Driver's side Windscreen/windowglass Roof

Passenger's side No damage

Other (please specify):

Where can the insured vehicle be inspected?

Have you sent it to be repaired? Yes No

If Yes, please give name of repairer:

Contact phone:

Have you obtained an estimate for repairs? Yes No If Yes, please advise amount of estimate: Estimate \$

Witnesses:

It is important that names & addresses are obtained whether the driver considers him/herself to blame or not

Name: Address: Telephone No:

Name: Address: Telephone No:

Name: Address: Telephone No:

Third Party: Full details of damage to other driver vehicle or property

Property or vehicle owned by:

Vehicle make / Model / Reg No:

Driver's full name & Address

Contact No, Home:

Their insurance company:

Branch:

Privacy Act 1993

Pursuant to the Privacy Act 1993

The following is brought to your attention:

- (a) This claim form collects personal information about you;
- (b) The information is collected to evaluate your claim;
- (c) The intended recipient of the information is the Insurer;
- (d) The information is being collected and held by the Insurer;
- (e) The collection of this information is required pursuant to the terms of your insurance policy;
- (f) The failure to provide this information may result in your claim being declined;
- (g) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

Declaration:

I/We declare that:

The information given in this form to be correct.

I/We agree that, should there be any dispute over any payment of this claim, the Insurer shall be entitled to submit the dispute to arbitration.

I/We authorise and request the New Zealand Police to release to any Insurer copies of any or all documents held by the New Zealand Police relating to the incident giving rise to this claim. If necessary this authority should be treated as a formal request pursuant to the Official Information Act, 1982.

I/We authorise the disclosure of personal information held by any other party regarding this claim.

I/We agree to the Insurer releasing to other parties personal information regarding this claim.

I/We authorise the Insurer or its authorised agent to give or obtain from other insurers or other parties any information relating to any insurance held or claim made.

Note: Failure to provide full and correct information could result in your claim not being accepted by your Insurer.

Note: Failure to provide full and correct information could result in your claim not being accepted

Signature insured/owner:

Date: / /

If company, state position (i.e. CEO, manager etc.):

Driver's signature (if different from above):

Date: / /