

# motor vehicle claim form

## 1. Policy Holder

Policy Number

Company Name			
Full Name			
Address			
Home Phone		Work Phone	
Mobile		Email	

## 2. The Insured Vehicle

Make		Model	
Year		Registration Number	
Has the vehicle or engine been modified from the Makers standard specifications? <input type="radio"/> Yes <input type="radio"/> No			
If "yes" please give details			
Nominated Repairer			
Is the vehicle there now? <input type="radio"/> Yes <input type="radio"/> No			
Please describe damage to vehicle (NB Please do not proceed without the Company's authority)			

## 3. Driver or person in charge of vehicle at time of incident

Full Name		Date of Birth	
Driver's Licence Number		Date of Issue	
Type of Licence <input type="radio"/> Learners <input type="radio"/> Restricted <input type="radio"/> Full <input type="radio"/> International		Expiry Date	
Licence Version Number	(This is 5B on your driver's licence)		
Are you the policyholder <input type="radio"/> Yes <input type="radio"/> No	If "no" what is your relationship to the policyholder?		

Only complete this section if different to Policy Holder details above

Address			
Home Phone		Work Phone	
Mobile		Email	

## 4. Ownership

Is there any loan or finance on the vehicle? <input type="radio"/> Yes <input type="radio"/> No
If "Yes" please give details

## 4a Questions

1. Was the vehicle being driven with the owner's consent?  Yes  No

If "no" give details here:

2. Is he/she the main driver of the vehicle?  Yes  No

If "no" give details here:

3. If not the Policyholder, do you own a vehicle?  Yes  No

If "yes" please provide name of insurance company:

4. Did the Driver consume liquor or alcohol and/or drugs (including medication) within 24 hours prior to the accident?  Yes  No

If "yes" give details here:

5. Did the Police attend?  Yes  No

If "yes" give details here:

6. Have the police laid or mentioned laying charges against the driver of your vehicle?  Yes  No

If "yes" do you know what the charges are likely to be:

7. Was a breathalyzer or blood tests or any other such test done?  Yes  No

If "yes" give details here:

8. Did anyone get hurt in the accident?  Yes  No If "yes", can you please advise who, and their relationship to the driver and known extent of injuries:

9. During the past 5 years, have you (the driver):-

(i) Been convicted of any offence other than parking (type & penalty)?  Yes  No

If "yes" give details here:

(ii) Had any other accident, loss of claim in connection with any motor vehicle?  Yes  No

If "yes" give details here:

## 5. Other Vehicle(s) Details

Other Driver's Name		Contact No.	
Address			
Other Vehicle(s) Details	(Make, Model & Registration #)		
Driver's Insurance Company		Claim Number	

## 6. Passengers/Witnesses

Were there any witnesses?  Yes  No

Witness One	Name			
	Address			
	Phone No.		Passenger?	<input type="radio"/> Yes <input type="radio"/> No
Witness Two	Name			
	Address			
	Phone No.		Passenger?	<input type="radio"/> Yes <input type="radio"/> No

## 7. Liability

Who in your opinion is at fault and why?

## 8. Description of Accident

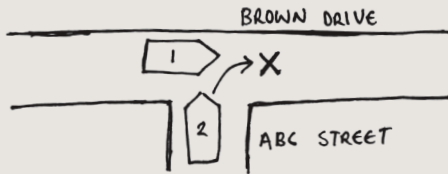
Date		Time	<input type="radio"/> am <input type="radio"/> pm
Location of Accident (Street & Town/City)			
Was there a:- Stop Sign? <input type="radio"/> Yes <input type="radio"/> No Give Way Sign? <input type="radio"/> Yes <input type="radio"/> No Traffic Lights? <input type="radio"/> Yes <input type="radio"/> No			
If 'yes' were they in your favour? <input type="radio"/> Yes <input type="radio"/> No		Was the road wet? <input type="radio"/> Yes <input type="radio"/> No	
What happened?			

## 9. Sketch Plan/Diagram. Please fill out by hand

Please show clearly:-

- Direction travelling and where each vehicle was prior to accident.
- Point of impact – mark "X"
- Names of all streets, location of any traffic lights, stop or give way signs.

1 = Me  
2 = Other



## 7. Declaration – Note: Failure to provide full and truthful information could result in the claim being declined. Please fill out by hand

### 1. I/We agree to The Company disclosing my/our personal information regarding this claim to:

- Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICR Ltd) PO Box 474, Wellington, where it will be retained and made available to other insurance companies to inspect.
- Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.
- I/We understand that I am/We are entitled to have certain rights of access to and correction of the personal information held by The Company and ICR Ltd.

### 2. I/We agree to The Company obtaining personal information about me/us that is, in The Company's view, relevant to this claim.

- From any other party including other members of the Insurance Industry and from Insurance Claims Register (ICR Ltd) which holds details of claims made by me/us under policies with other insurers.

All the information and answers (whether written or oral) given to the Company in connection with this claim are correct and that no information relevant to the claim has been omitted. I/We authorise The Company to act on my/our behalf.

Policyholder's Signature		Date	
(If company, state capacity)			
Driver's Signature		Date	

Pursuant to the Privacy Act 1993 the following is brought to your attention:

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