

MOTOR VEHICLE CLAIM FORM

N.B. This form must be completed by the driver. Please answer all questions. If not applicable, please write N/A.

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; The intended recipient of the information is: The Insurer named below (hereinafter called "the Company") and is being held by them at their head office	 (d) The collection of this information is required pursuant to the terms of your insurance policy; (e) The failure to provide this information may result in your claim being declined; (f) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993. 	
Claim No :	Policy No :	
nsurance Coy :	Due Date :	
Branch :	Excess :	Premium Paid: Y/N

Ciaiii No : Policy No :		
Insurance Coy:		
Branch : Excess :	Premium Paid: Y/N	
1. POLICYHOLDER	INSURED VEHICLE	
Surname of Insured: OR Name of Company:	MAKE:	
First Names of Insured:	MODEL:	
Address:	TYPE: (eg. Van, Car, Artic, Flat-top etc.)	
	YEAR: REG NO:	
Contact Telephone numbers: (Home) (Business)	Has the vehicle been modified in any way:	
Name of any other party with financial interest in the vehicle:	Is the vehicle a used import:	
Is there any other insurance on the vehicle or accessories: YES NO	Has the vehicle a current Certificate of Fitness: YES NO	
2. PERSON DRIVING OR IN CHARGE OF THE INSURED VEHICLE (to be	completed, even if parked)	
Full Name (Mr/Mrs/Miss/Ms):	Address:	
Date of Birth / /	Occupation:	
Telephone No.: H: B:	Relationship to policyholder:	
Driver Licence No.: Type: Years Held:	Date & Country of Issue:	
Licence Classes: (Please List)	Licence Special Conditions: (Please List)	
Was the vehicle being driven with the owner's consent?	YES NO NO	
2. Is he/she the main driver of the Insured vehicle?	YES NO	
3. If not the Policyholder do you own a vehicle? (name of insurance co)	YES NO NO	
Did driver consume liquor and/or drugs (includ. medication) within 24 hours prior to the accident?	YES NO NO	
5. Did the Police attend?	YES NO	
6. Was a breathalyser, or blood test, or any other such test done?	YES NO	
7. During the past 5 years, have you:		
(i) Been convicted of any offence other than parking (type and penalty)	YES NO	
(ii) Had any other accident, loss of claim in connection with any motor vehicle (brief details of year/cost/insurance coy)	YES NO	

3. DETAILS OF OTHER PERSONS		
Passengers in your vehicle	Independent Witnesses	
Name Address Telephone Name Address Telephone	Name Address Telephone Name Address Telephone	
Driver/Owner of other vehicle or property		
Name	Name Address Telephone Insurance Coy Details of vehicle/property Registration Number	
4. DETAILS OF LOSS OR ACCIDENT (Please continue on a separate sh	eet, if necessary)	
Date	Timeam/pm (delete one	
Location (eg. Street)	. Suburb or Town	
Weather: Rain Overcast Metal What speed limit was in force?	Fog Bright Sun Clear Night Wet Dry Km/hour Other	
Describe in detail how the accident occurred	At impact	
What, in your opinion, caused the accident		
5. DAMAGE TO INSURED VEHICLE (NB: Do not proceed with repairs with	out the Company's authority)	
Repairer		
6. SKETCH PLAN OF ACCIDENT (Please continue on a separate sheet, if	necessary)	
Indicate: Street names; direction of vehicles. Your vehicle	Other vehicle ——————	
DECLARATION: Note: Failure to provide full and truthful information coul	ld result in the Claim being declined.	
I/We agree to The Company disclosing my/our personal information re	garding this claim to: e data base of the Insurance Claims Register (ICR Ltd) P.O. Box 474, Wellington, ies to inspect. and parties repairing or replacing the subject matter of the claim. ss to and correction of the personal information held by The Company and us that is, in The Company's view, relevant to this claim. If and from Insurance Claims Register Ltd (ICR Ltd) which holds details of in connection with this claim are correct and that no information relevant to	
Policyholder's signature(If a company, state capacity)	Date	
Driver's signature	Date	

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