

## CLAIM FORM

Insurer:

### 1. Policyholder(s) Details

<b>Policy Number:</b>	<input type="text"/>	<b>Claim No:</b>	<input type="text"/>
Full Name:	<input type="text" value="Mr/Mrs/Miss/Ms"/>		
Residential Address:	<input type="text"/>	Date of birth:	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="/"/>
Phone Numbers:	Home: <input type="text"/>	Business: <input type="text"/>	Mobile: <input type="text"/>
Email:	Home: <input type="text"/>	Business: <input type="text"/>	
Occupation:	<input type="text"/>	Employer: <input type="text"/>	

### 2. Person driving or in charge of the vehicle

Full Name:	<input type="text" value="Mr/Mrs/Miss/Ms"/>		
Residential Address:	<input type="text"/>		
Phone Numbers:	Home: <input type="text"/>	Business: <input type="text"/>	Mobile: <input type="text"/>
Email:	Home: <input type="text"/>	Business: <input type="text"/>	
Date of birth:	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="/"/>	Relationship to Policyholder:	<input type="text"/>
Occupation:	<input type="text"/>		
Licence Number:	<input type="text"/>	Years licence Held:	Type of Licence: <input type="text" value="Full / Learners / Restricted"/>
For what classes of driving is it valid?	<input type="text"/>	Issued by	Expiry Date <input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="/"/>

- a) Are they the main driver of the Insured vehicle  YES  NO
- b) If not the Policyholder, does the driver own a vehicle?  YES  NO

Insured With	Make/Model	Registration Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Within 12 hours before the accident, had the driver

1. Consumed intoxicating liquor? 

YES	NO
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 If Yes, state quantity
2. Taken any drug? 

YES	NO
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 If Yes, state purpose and type

Since the accident has the driver

1. Undergone a breath test? 

YES	NO
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 If Yes, indicate result 

POSITIVE	NEGATIVE
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2. Undergone a blood test 

YES	NO
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 If Yes, indicate official results

Has the driver ever been charged or convicted of any criminal or motoring offence or received any traffic infringement notice? If Yes, please give all details  YES  NO

Has the driver had any other accident, loss of claim in connection with any vehicle during the past five years?  
If Yes, please give all details. Include the date and circumstances of accident/loss.  YES  NO

Has the driver's licence been cancelled, suspended or endorsed at any time?  
If Yes, please give all details. Include penalty points.  YES  NO

Has the driver had any condition which could affect their fitness as a driver, e.g. diabetes, epilepsy, heart conditions, physical or mental illness or disability?  
If Yes, please give details below. Include daily dosage and the name of drugs.  YES  NO

### 3. Insured Vehicle

a) Vehicle Registration no.	<input type="text"/>	Make/Model	<input type="text"/>	CC Rating	<input type="text"/>
Warrant of fitness no.	<input type="text"/>	Expiry Date	<input type="text"/>	Issued By	<input type="text"/>
Year of manufacturing	<input type="text"/>	Type: car/van etc	<input type="text"/>	Date of purchase	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="/"/>

b) Name and address of registered owner:

c) Is the vehicle the subject of any hire, lease or finance agreement including hire purchase?  YES  NO  
If Yes, please give name and address

d) Has the vehicle been modified in any way?  YES  NO  
If Yes, please give details

e) Is there any other insurance on the vehicle or its accessories?  YES  NO  
If Yes, please give details

f) State the exact purpose for which the vehicle was being used at the time of the accident ("Private" is not sufficient)

#### 4. Police Details

a) (i) Was the accident reported to the police 

YES	NO
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(ii) Did the police attend the scene of the accident? 

YES	NO
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If "Yes", name / number of officer  Station

b) Have the police issued a Notice of Intended Prosecution, or given any verbal warning? 

YES	NO
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If "Yes", to who and for what alleged offence

#### 5. Date and place of theft (to be completed if theft claim)

Date of theft  Day of theft  Time of theft  am/pm

From what address was the vehicle stolen

Where was the vehicle parked? (Delete those not applicable)  
Garage / Carport / Driveway / Parking Area / Roadside / Other (Please give details)

Where did you last see the vehicle?  Were all the doors locked & windows closed? 

YES	NO
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When did you discover the theft?  How did you know the theft had occurred?   
Was the vehicle stolen or parts only?  If parts only, please give details:   
Where were the keys to the vehicle?  Where are all the sets of keys now?

#### 6. Recovery (to be completed if theft claim)

Has the vehicle been recovered? If Yes, 

YES	NO
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a) when was it found?  b) where was it found?   
c) who found it?  d) where is it now?   
e) is it damaged or have any accessories been removed? 

YES	NO
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If Yes, please give details   
f) Have you any suspicions who the offender was? 

YES	NO
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If Yes, please give details

#### 7. Accident Details

What, in your opinion, caused the accident?

a) Date  /  /

Time	Was it ...	Daylight?	Dusk?	Dark?	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

b) Location of accident (Street/Town/City)

c) Weather	Fine	Bright sun	Light rain	Heavy rain	Overcast	Fog
d) Condition of road surface	Wet	Dry	Gravel	Seal	Other	
e) Lighting on your vehicle	Not on	Park	Dip	Full		
Lighting on third party vehicle	Not on	Park	Dip	Full		

Was any street lighting switched on? 

YES	NO
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f) What speed limit was in force?  What was your speed?

g) Description of accident circumstances:

Explanatory sketch: (please indicate the layout of road(s) and approximate measurements; names of street(s)/road(s); position of vehicles and persons involved; the direction in which vehicles were travelling; the registration marks of all vehicles, where known; any road markings, road signs, traffic lights, street lights, pedestrian crossings)

- Your vehicle
- Other vehicle(s)

Give particulars of damage			
Estimated cost of repairer	\$		
Was there any pre existing damage?		YES	NO
If Yes, please advise where and what:			
Name and address of repairer			Telephone number
Is the vehicle still in use?		YES	NO

### 8. Witnesses – including passengers travelling in your vehicle

If there were no witnesses, please write "NONE"

Name and Telephone Number	Address	Where was the witness at the time of the accident?

### 9. Other Vehicle Involved / Other Property Damage

Has a claim been made on You?  YES  NO If there were no other vehicles involved, please write "NONE"

Name, address & telephone number of owner/driver	Make/Model	Registration No.	Apparent damage	Insurers & Policy No.

### 10. Direct crediting authority

If your claim is accepted and there are payment(s) to you, we can pay this amount direct into your bank account by direct credit. If you would like us to make this direct credit, please complete details below.

You will be advised if a payment has been made following acceptance of your claim.

Do you wish to use this facility?  YES  NO Name of Account

I/We authorise the payment to be made into this bank account. (Please attach a deposit slip)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	Branch	Account Number	Suffix

### 11. Indemnity Request

Please deal with all claims arising out from this accident on my/our behalf. I/We acknowledge that you have full discretion in conducting the defence or settlement of any claim and in prosecuting in my/our name any claim for indemnity or damages.

I/We agree that, if the policy covers the cost or repairs to the Insured vehicle, you may authorise these repairs on my/our behalf by the repairer named above, or by such other repairer to who the vehicle has been submitted with my/our permission; alternatively, you may move the vehicle to safe storage.

### 12. Declaration/Privacy Act 1993/Insurance Claim Register:

**I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct.**

I/We

- Agree to give any further information that may be required;
- Understood you require this personal information, which will be retained by you the insurer, at your registered office, before you can evaluate my/our claim;
- Authorise the disclosure of this personal information regarding this claim to other parties;
- Authorise the obtaining by you from any other party personal information about me/us that is in your view relevant to this claim;
- Authorise the obtaining by you from Insurance Claims Register Limited (ICR Ltd), which holds details of claims made by me/us under policies with other insurers, personal information about me/us that is in your view relevant to this claim;
- Authorise you to place details of this claim on the database if ICR Ltd, PO Box 474, Wellington, where it will be retained and be available to other insurance companies to inspect;
- Understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by you and ICR Ltd.

The collection of this information is required under the terms of your policy. Failure to provide it may result in your claim being declined.

Signature of the Policy holder(s) (If the policy is in joint names, both signatures are required)	Date / /
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Signature of the Driver or the person making the claim	Date / /
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