HurfordParker
INSURANCE BROKERS LTD

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

NZbrokers IBANZ INSURANCE BROKERS ASSOCIATION OF NEW ZEALAND INC

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 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: _____ Client No: _____

Insurance Co: _____ Due Date: _____ Premium Paid:

Branch: _____ Excess: _____ Yes ☐ No ☐

1. POLICYHOLDER

Full name of Insured: _____

OR Name of Company: _____

Address: _____

Email: _____

Ph Day: _____ Ph Night: _____ Ph Bus: _____

Has the vehicle been modified in any way: _____

Name of any other party with financial interest in the vehicle:

_____

INSURED VEHICLE

MAKE: _____

MODEL: _____

TYPE: (e.g. Van, Ute, etc.) _____

YEAR: _____ REGO: _____

Is the vehicle a used import: Yes ☐ No ☐

Has the vehicle a current Certificate of Fitness: Yes ☐ No ☐

Is there any other insurance on the vehicle or accessories: Yes ☐ No ☐

2. PERSON DRIVING OR IN CHARGE OF THE INSURED VEHICLE (to be completed, even if parked)

Full name: _____

Address: _____

Date of Birth: __/__/__ Occupation: _____

Ph Day: _____ Ph Night: _____ Relationship to policyholder: _____

Driver License No: _____ Type: _____ Issue Date: _____ Expiry Date: _____

License Version No: _____ Country of Issue: _____

License Classes: (Please List) _____ License Special Conditions: (Please List) _____

		If 'No' Please Provide Details
1. Was the vehicle being driven with the owner's consent?	Yes ☐ No ☐	
2. Is he/she the main driver of the Insured vehicle?	Yes ☐ No ☐	
		If 'Yes' Please Provide Details
3. If not the Policyholder do you own a vehicle? (name of insurance co)	Yes ☐ No ☐	
4. Did driver consume liquor and/or drugs (include. Medication) within 24 hours prior to the accident?	Yes ☐ No ☐	
5. Did the Police attend?	Yes ☐ No ☐	
6. Was a breathalyzer, 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 ☐	

Additional details for questions 2.1 - 2.7:

3. DETAILS OF OTHER PERSONS

Passengers in your vehicle		Independent Witnesses	
Name:		Name:	
Address:		Address:	
Phone:		Phone:	
Name:		Name:	
Address:		Address:	
Phone:		Phone:	

Driver/Owner of Other Vehicle or Property

Name:		Name:	
Address:		Address:	
Phone:		Phone:	
Details of Vehicle / Property:		Details of Vehicle / Property:	
REG NO:		REG NO:	

4. DETAILS OF THE LOSS OR ACCIDENT (Please use the Sketch Plan Of The Accident on the final page of this form)

Date: __/__/____ Time: _____ am/pm

Location (e.g. Address): Suburb or Town:

Weather Conditions: Rain ☐ Overcast ☐ Fog ☐ Bright sun ☐ Clear night ☐

Road Conditions: Sealed ☐ Metal ☐ Wet ☐ Dry ☐

What speed limit was in force? 50km/hour ☐ 100km/hour ☐ Other ☐ _____ km/hour

What was your speed: Prior to braking _____ At impact _____

Please state reason for journey:

Describe in detail how the accident occurred

What, in your opinion, caused the accident:

5. DAMAGE TO INSURED VEHICLE (Do not proceed with repairs without the Company's authority)

Describe damage: _____

Repairer: _____ Phone: _____ Estimate: $ _____

If not at above, Date of Repair: ___/___/_____ OR where can vehicle be inspected: _____

6. INJURY OR CHARGES

Did anyone get hurt in the accident? Yes ☐ No ☐

If yes, please advise who and their relationship to the driver and known extent of the injuries

_____

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?

_____

SKETCH PLAN OF THE ACCIDENT

Indicate: Street names; direction of vehicle travel etc Your Vehicle ⟶ Other Vehicle - - - - - - - ▶

DECLARATION: Note: Failure to provide full and truthful information could result in the Claim being declined.

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

(a) Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICR Ltd) where it will be retained and made available to other insurance companies to inspect.

(b) Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.

(c) 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.**

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

To the best of my knowledge 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.

Policyholder's Signature: _____ Date: __/__/____

(If company, state capacity)

Driver's Signature: _____ Date __/__/____