Hurford Parker Insurance Brokers

# Motor Vehicle Claim Form

To be completed by the driver. Please answer every question — write N/A if a question does not apply.

## POLICY DETAILS (OFFICE USE)

| | | |
|---|---|---|
| Claim number | | Policy number |
| Client number | | Insurance company |
| Due date | | Excess |
| Branch | | |
| Premium paid | ○ Yes ○ No | |

## 1. POLICYHOLDER AND INSURED VEHICLE

### Policyholder

| | | | |
|---|---|---|---|
| Full name of insured | | | |
| Or name of company | | | |
| Address | | | |
| Email address | | | |
| Telephone number | Day | Night | Business |

### Insured vehicle

| | | |
|---|---|---|
| Make | | Model |
| Type<br>*e.g. van, ute, truck* | | Year |
| Registration number | | Trailer registration (if any) |
| Has the vehicle been modified in any way? | ○ Yes ○ No | |
| | If yes, please provide details | |

Is the vehicle a used import? ○ Yes ○ No

Does the vehicle have a current certificate of fitness or warrant of fitness? ○ Yes ○ No

Is there any other insurance on the vehicle or its accessories? ○ Yes ○ No

If yes, please provide details

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

## 2. PERSON DRIVING OR IN CHARGE OF THE INSURED VEHICLE

*To be completed even if the vehicle was parked.*

Full name

Address

Date of birth

Occupation

Telephone number

Day

Night

Relationship to policyholder

Driver licence number

Licence type

Licence issue date

Licence expiry date

Licence version number

Country of issue

Licence classes

Special conditions

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

If no, please provide details

Is he/she the main driver of the insured vehicle? ○ Yes ○ No

If no, please provide details

If not the policyholder, do you own a vehicle? ○ Yes ○ No

If yes, name of insurer

Did the driver consume liquor and/or drugs, including medication, within 24 hours prior to the accident?

Yes No

If yes, please provide details

Did the Police attend?

Yes No

If yes, please provide details

Was a breathalyser, blood test or any other such test done?

Yes No

If yes, please provide details and the result

In the past 5 years, has the driver been convicted of any offence other than parking?

Yes No

If yes, please provide the type of offence and penalty

In the past 5 years, has the driver had any other accident, loss or claim involving a motor vehicle?

Yes No

If yes, please provide the year, cost and insurance company

## 3. DETAILS OF OTHER PERSONS

### Passengers in your vehicle

Passenger 1 — name

Phone

Address

Passenger 2 — name

Phone

Address

### Independent witnesses

Witness 1 — name

Phone

Address

Witness 2 — name

Phone

Address

### Driver or owner of the other vehicle or property

| | | |
|---|---|---|
| Party 1 — name | | Phone |
| Address | | |
| Vehicle or property | | Registration number |
| Party 2 — name | | Phone |
| Address | | |
| Vehicle or property | | Registration number |

## 4. DETAILS OF THE LOSS OR ACCIDENT

| | | |
|---|---|---|
| Date of accident | | Time |
| Location<br>*e.g. street address or intersection* | | Suburb or town |

Weather conditions

- ○ Rain
- ○ Overcast
- ○ Fog
- ○ Bright sun
- ○ Clear night

Road conditions

- ○ Sealed
- ○ Metal
- ○ Wet
- ○ Dry

Speed limit in force

- ○ 50 km/h
- ○ 100 km/h
- ○ Other

If other, please specify

| | | |
|---|---|---|
| Your speed prior to braking | | Speed at impact |
| Reason for the journey | | |

Please describe in detail how the accident occurred

What, in your opinion, caused the accident?

## 5. DAMAGE TO INSURED VEHICLE

*Please do not proceed with repairs without the Company's authority.*

Describe the damage

Repairer

Phone

Estimate $

Date of repair

If not at the repairer above, where can the vehicle be inspected?

## 6. INJURY OR CHARGES

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

If yes, who was hurt, their relationship to the driver, and the known extent of the injuries

Have the Police laid, or mentioned laying, charges against the driver? ○ Yes ○ No

If yes, what are the charges likely to be?

## 7. SKETCH PLAN OF THE ACCIDENT

*If possible, attach a separate sketch, map or photo of the accident scene. Otherwise, please describe it below — include street names, direction of travel and the position of each vehicle.*

## PRIVACY STATEMENT

Pursuant to the Privacy Act 2020 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 held by them at their head office; (d) the collection of this information is required pursuant to the terms of your insurance policy; (e) 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 2020. Our full Privacy Policy, dated 1 May 2026, is available at hurfordparker.co.nz.

## DECLARATION

*Failure to provide full and truthful information could result in the claim being declined.*

*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 database 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 certain rights of access to, and correction of, the personal information held by the Company and ICR Ltd. 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 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 no information relevant to the claim has been omitted.*

| | Type full name | Date |
|---|---|---|
| Policyholder's signature | | |
| If signing for a company, state your capacity | | |
| Driver's signature | | |