

NB. This form is to be completed by the driver.
Please answer all questions. If not applicable please answer 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;
- (c) The intended recipient of the information is: The Insurer named below.
- (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:** _____
INSURANCE CO: _____ **DUE DATE:** _____
BRANCH: _____ **EXCESS:** _____

1. POLICY HOLDER

Surname of Insured OR Name of Company: _____
 First Names of Insured: _____
 Address: _____
 Contact Phone No: _____ Mobile Phone: _____
 Email: _____ Is there any other insurance on the vehicle or accessories: Y N
 Name of any other party with financial interest in the vehicle: _____

2. INSURED VEHICLE

Make: _____ Model: _____ Type: _____
 Year: _____ Registration Number: _____
 Has the vehicle been modified in any way: _____
 Is the vehicle a used import: Y N Has the vehicle a current Certificate of Fitness: Y N

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

Full Name (Mr/Mrs/Miss/Ms): _____ Date of Birth: ____/____/____
 Address: _____
 Contact Phone No: _____ Mobile Phone: _____
 Occupation: _____ Relationship to policyholder: _____
 Driver Licence No: _____ Type: ____ Years held: ____ Date & Country of Issue: _____
 Licence Classes: (Please List) _____
 Licence Special Conditions: (Please List) _____

1. Was the vehicle being driven with the owners consent? Y N (If no please provide detail) _____
2. Is he/she the main driver of the Insured vehicle? Y N
3. If not the Policyholder do you own a vehicle? (name of insurance co.) Y N (If no please provide detail) _____
4. Did driver consume liquor and/or drugs (indud. medication) within 24 hours prior to the accident? Y N
5. Did the Police attend? Y N
6. Was a breathalyser, or blood test, or any other such test done? Y N
7. During the past 5 years, have you: (i) Been convicted of any offence other than parking Y N
 (type and penalty) _____
- (ii) Had any other accident, loss of claim in connection with any motor vehicle (brief details of year/cost/insurance co.) Y N

4. DETAILS OF LOSS OR ACCIDENT (Please continue on separate sheet if necessary)

Date: ___ / ___ / ___ Time: _____ am/pm (delete one) Location: _____

Weather: Rain Overcast Fog Bright Sun Clear Night

Road: Sealed Metal Wet Dry

What speed limit was in force? 50 km/hr 100 km/hr Other

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

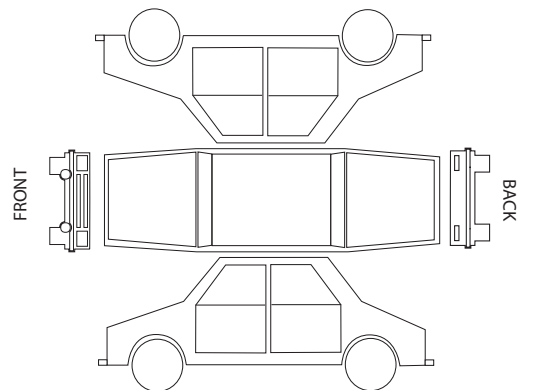
Please state reason for journey _____

Describe in detail how the accident occurred _____

What, in your opinion, caused the accident _____

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

Describe Damage: _____



Repairer: _____

Phone: _____ Estimate: \$ _____

If not at above, date of repair: _____ OR where can vehicle be inspected: _____

5. SKETCH PLAN OF ACCIDENT (Please provide on a separate sheet)

Indicate: Street names; direction of vehicles.

Your vehicle  Othervehicle 

6. OTHER VEHICLES

DRIVER/OWNER OF OTHER VEHICLE OR PROPERTY

Name: _____
 Address: _____
 Contact Phone: _____
 Insurance Co: _____
 Details of Vehicle/property: _____
 Registration No: _____

DRIVER/OWNER OF OTHER VEHICLE OR PROPERTY

Name: _____
 Address: _____
 Contact Phone: _____
 Insurance Co: _____
 Details of Vehicle/property: _____
 Registration No: _____

WITNESSES INCLUDING PASSENGER IN YOUR VEHICLE

WITNESSES

Name: _____
 Address: _____
 Contact Phone: _____
 Name: _____
 Address: _____
 Contact Phone: _____

WITNESSES

Name: _____
 Address: _____
 Contact Phone: _____
 Name: _____
 Address: _____
 Contact Phone: _____

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) P.O. Box 474, Wellington, 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.

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 (If a company, state capacity)..... Date/...../.....

Driver's signature..... Date/...../.....