## **MOTOR VEHICLE CLAIM FORM:**

NB: 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 ins brought to your attention. This claim form collects personal information about you;
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





The collection of this information is required pursuant to the  $% \left( 1\right) =\left( 1\right) \left( 1$ terms of your insurance policy; The failure to provide this information may result in your claim

- (e) being declined;
- You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

IBANZ	
INSURANCE BROKERS	
ACCOCIATION OF NEW ZEALAND INC	•

Claim No	:	Policy No :			ASSOC	IATION OF NEW ZEAL	AND INC
Insurance Coy	:	Due Date :	:				
Branch	:	Excess :	:	1	Premium Paid	: Y/N	
1. POLICYHOLDE	R		INSURED VEHIC	CLE			
Surname of Insured: OR Name of Company:			MAKE:				
First Names of Insu	ured:		MODEL:				
Address:			TYPE: (eg. Van, Car Artic, Flat-top etc.)				
			TYPE: (eg. van,	Car Artic, Flat-top e	-i.c.)		
Contact Telephone numbers: (Home) (Business)			YEAR: REG NO:				
Email:			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 i	nsurance on the vehicle or accesso	raccessories: Has the vehicle a current Certificate of Fitness: YES NO					
2. PERSON DRIVI	NG OR IN CHARGE OF THE INSU	IRED VEHICLE (to	be completed, e	ven if parked)			
Full Name (Mr/Mrs	/Miss/Ms):		Address:				
Date of Birth /	1		Occupation:				
Telephone No: H:	B:		Relationship to policyholder:				
Driver Licence No:	Type:	Year Held:	Date & Country of	of Issue:			
Licence Classes: (	Please List)		Licence Special (	Conditions: (Please	List)		
1. Was the vehicle	being driven with the owner's conse	ent?	YES□	NO 🗆	IF "NO" PL	EASE PROVIDE D	
2. Is he/she the ma	in driver of the Insured vehicle?		YES□	№ □			
3. If not the Policyh	older do you own a vehicle? (name	e of insurance co)	YES□	№ □	IF "YES" PL	EASE PROVIDE I	<u>DETAIL</u>
4. Did driver consu 24 hours prior to th	me liquor and/or drugs (include. Me e accident?	edication) with in	YES□	№ □			<u></u>
5. Did the Police at	tend?		YES□	№□			<u></u>
6. Was a breathaly	zer, or blood test, or any other such	n test done?	YES□	NO 🗆			<u></u>
7. During the past	5 years, have you:		YES□	NO 🗆			
(i) Been convicted	of any offence other than parking (t	ype and penalty)	1691	INO L			<u></u>
	ccident, loss of claim in connection s of year/cost/insurance coy)	with any motor	YES□	№ □	<u></u>		

3. DETAILS OF OTHER PER	SONS				
Passeng	gers in your vehicle		Inde	pendent Witnesses	
Name			Name		
Driver/Owner of other vehic	le or property				
Name	Insurance Coy		•	Insurance Coy	
4. DETAILS OF LOSS OR AC	·	<u>-</u>			
Date					
Location (eg. Street)					
Weather:	Rain 🗌	Overcast $\Box$	Fog 🗆	Bright Sun 🗆	Clear Night ☐
Road:	Sealed $\square$	Metal $\Box$	Wet 🗆	Dry 🗌	
What speed limit was in force	?		50 Km/hour ☐	100 Km/hour	Other 🗀
What was your speed: Prior to	braking		At impact		
Please state reason for journe	y				
Describe in detail how the acc	ident occurred				
What, in your opinion, caused  5. DAMAGE TO INSURED VI					
Describe damage					
Repairer			•		
If not at above, Date of repair  6. SKETCH PLAN OF ACCID				ispected	
	·	·		rvahiala	
Indicate: Street nam	nes; direction of vehicles.	Your vehicle	Othe	r vehicle	
DECLARATION: Note: Failure	e to provide full and truth	ful information cou	ıld result in the Claim being de	clined.	
I/We agree to The Compan					
(a) Other parties including and made available to d	other members of the Insura other insurance companies t	ance Industry and the to inspect.	e data base of the Insurance Claim and parties repairing or replacing the	. ,	
			ss to and correction of the persona		
2. I/We agree to The Compan (a) From any other party in			s that is, in the Company's view and from Insurance Claims Regis		ds details of claims
All the information and answers (value by has been omitted. O/We authorized)	whether written or oral) giver		connection with this claim are cor	rect and that no information	n relevant to the claim
Policyholder's signature			Date		
	If a company, state capacity)		5410		
Driver's Signature			Date		
Direct o Orginalaro			Date		