

CLAIM FORM

1. Policyholder(s) Details

Policy Number:	<input type="text"/>	Claim No:	<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?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, state quantity	<input type="text"/>
2. Taken any drug?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, state purpose and type	<input type="text"/>

Since the accident has the driver

1. Undergone a breath test?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, indicate result	<input type="text" value="POSITIVE"/> <input type="text" value="NEGATIVE"/>
2. Undergone a blood test	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, indicate official results	<input type="text"/>

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
 (ii) Did the police attend the scene of the accident? YES NO
 If "Yes", name / number of officer Station

b) Have the police issued a Notice of Intended Prosecution, or given any verbal warning? YES NO
 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? <input type="text"/>	Were all the doors locked & windows closed? <input type="checkbox"/> YES <input type="checkbox"/> NO
When did you discover the theft? <input type="text"/>	How did you know the theft had occurred? <input type="text"/>
Was the vehicle stolen or parts only? <input type="text"/>	If parts only, please give details: <input type="text"/>
Where were the keys to the vehicle? <input type="text"/>	Where are all the sets of keys now? <input type="text"/>

6. Recovery (to be completed if theft claim)

Has the vehicle been recovered? If Yes, YES NO

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
 If Yes, please give details

f) Have you any suspicions who the offender was? YES NO
 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="text"/>	<input type="text"/>	<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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Condition of road surface	Wet	Dry	Gravel	Seal	Other	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e) Lighting on your vehicle	Not on	Park	Dip	Full		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Lighting on third party vehicle	Not on	Park	Dip	Full		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Was any street lighting switched on? YES NO

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)

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;
- Understand 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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