

VEHICLE ACCIDENT CLAIM FORM

Please help us to help you by:

- Completing all relevant questions in full as this can avoid the need for further enquiry and possible delay in settling your claim.
- Signing and dating page 5 of this form.

Insurance fraud is a crime – please ensure all information is correct

1. POLICYHOLDER(S) DETAILS

Policy number _____

Full name (Mr, Mrs, Miss, Ms) _____

Postal address _____

Date of birth ____/____/____

Telephone numbers: Home _____ Business _____ Mobile _____

Email: Home _____ Business _____

Occupation _____ Employer _____

2. Bank Details

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. Please fill out the details below:

I/We authorise payment to be made into this bank account.

Bank

Branch

Account

Suffix

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

Full name (Mr, Mrs, Miss, Ms) _____

Address _____

Telephone numbers: Home _____ Business _____ Mobile _____

Date of birth ____/____/____ Relationship to Policyholder: _____

Occupation _____

a) Are they the main driver of the Insured vehicle? YES/NO

b)

1. Has the driver had any other accident, loss or claim in connection with any vehicle during the past five years? YES/NO

If Yes, please give details. Include date, circumstances of accident/loss.

a) License number: _____ Type of license: Full Restricted Learners

b) Expiry Date ____/____/____ Version Number _____

c) For what classes of driving is it valid _____ Issued by _____

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2. Has the driver ever been charged or convicted of any criminal or motoring offence or received any traffic infringement notice? YES/NO

If Yes, please give all details. Include offence code.

3. Has the driver's licence been cancelled, suspended or endorsed at any time? YES/NO

If Yes, please give details. Include penalty points.

4. 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? YES/NO

If Yes, please give details below. Include daily dosage and the name of drugs.

d) Within 12 hours before the accident, had the driver

1. Consumed intoxicating liquor? YES/NO If yes, state quantity_____

2. Taken any drug? If yes, state type and purpose_____

e) Since the accident has the driver

1. Undergone a breath test? YES/NO If Yes, indicate result_____

2. Undergone a blood test? YES/NO If yes, indicate official result_____

3. INSURED VEHICLE

a) Vehicle registration no. _____ Make/Model _____ Year of manufacture _____

b) Name and address of registered owner:

Light Vehicle (<3500kg) Hired / Loan

Heavy Vehicle (>3500kg) Plant # _____

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

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4. ACCIDENT DETAILS

Date: _____ Day: _____ Time: _____ AM/PM

Street: _____ Suburb _____ Town/City _____

How did the accident occur? (Please provide a precise description)

What was the condition of the road / site? _____

What speed was the Vehicle doing at time of accident: _____

Estimate speed of the other party at time of accident: _____

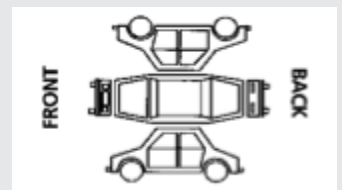
Who do you consider at fault? Yourself / Other Party. If other party state why:

Where there any witnesses? If so please provide details:

5. DAMAGE TO INSURED VEHICLE

a) Give particulars of damage and estimated cost of repairs (if known)

Indicate damaged areas below



Estimate cost of repairs \$ _____

b) Was there any unrepaired damage or rust in the vehicle immediately prior to the accident? YES/NO

If Yes, please advise where and what. _____

c) Name and address of repairer _____

Telephone number _____

d) Is the vehicle still in use? YES/NO

If No, where is the vehicle now? _____

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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 traveling; the registration marks of all vehicles, where known; any road markings, road signs, traffic lights, street lights, pedestrian crossings)

Your vehicle

Other vehicle

7. PARTICULARS OF OTHER PARTIES INVOLVED

Name of Driver: _____

Address: _____

Licence No: _____ Type of Vehicle: _____

Rego No: _____ Name of Owner: _____

Owner's Address: _____ Phone No: _____

Their insurance Company: _____ Policy Number: _____

Description of their damage:

If more than one Third Party involved, please provide details on a separate piece of paper and attach to this form.

6. POLICE

a) Was the accident reported to the police? _____

b) Did the police attend the scene of the accident? _____

If yes, name/number of officer _____ Station _____

c) Police reference number _____

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8. WITNESSES – INCLUDING ALL PASSENGERS TRAVELLING IN YOUR VEHICLE

Name & telephone number	Address	Where was the witness at the time of accident?

If there were no witnesses, please write 'NONE' _____

9. INDEMNITY REQUEST

Please deal with all claims arising 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 of repairs to the Insured vehicle, you may authorize 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.

10. DECLARATION/PRIVACY ACT 1993/ INSURANCE CLAIMS REGISTER

I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct.

I/We

- a) agree to give any further information that may be required;
- b) understand you require this personal information, which will be retained by you at 146 Somerfield Street, Christchurch before you can evaluate my/our claim;
- c) authorise the disclosure of this personal information regarding this claim to other parties;
- d) authorise the obtaining by you from any other party personal information about me/us that is in your view relevant to this claim;
- e) 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;
- f) authorise you to place details of this claim on the database of ICR Ltd, PO Box 474, Wellington, where it will be retained and be available to other insurance companies to inspect;
- g) 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 Policyholder(s) (If the Policy is in joint names, both signatures are required)

Date _____/_____/_____

Signature of the driver or the person making the claim

Date _____/_____/_____