

# Motor vehicle claim form



NB: This form must be completed by the driver. Please answer all questions. If not applicable, please write N/A.

PERSONAL <input type="checkbox"/>	COMMERCIAL <input type="checkbox"/>	LOSS TYPE
INSURANCE COMPANY	CLIENT NO IF KNOWN	ROTHBURY CLAIM REFERENCE NO
POLICY NO	EXCESS	DUE DATE

**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:  
  
 herein after called ("the Company") and is being held by them at
- 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

**01 POLICY HOLDER**

Surname of Insured or name of company

First name(s) of Insured

Address

Home telephone  Business telephone

Mobile telephone

Email address

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

Is there any other insurance on the vehicle or accessories?  Y  N

**INSURED VEHICLE**

Make

Model and type (e.g. Van, Car, Artic, Flat top, etc.)

Year  Registration number

Has the vehicle been modified in any way?  
 Y  N If **yes**, please give details:

Is the vehicle a used import?  
 Y  N

Has the vehicle a current Warrant/Certificate of Fitness?  
 Y  N

**02 PERSON DRIVING OR IN CHARGE OF THE INSURED VEHICLE** To be completed even if parked

Full name: (Mr/Mrs/Miss/Ms)

Date of birth

Address

Home telephone  Business telephone

Occupation

Relationship to Policy Holder

Driver licence number

Licence type:  
 Full  Restricted  Learners Licence version

Date and country of issue

Was the vehicle being driven with the owner's consent?  
 Y  N If **no**, please give details:

Is he/she the main driver of the Insured vehicle?  
 Y  N If **no**, please give details:

If not the Policy Holder, do you own a vehicle?  
 Y  N If **yes**, name of Insurance Company:

Did the driver consume liquor and/or drugs (including medication) within 12 hours prior to the accident?  
 Y  N

Did the Police attend?  
 Y  N If **yes**, Police File No.:

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

During the past 5 years, have you:

i Been convicted of any offence other than parking?  
 Y  N If **yes**, type and penalty:

ii Had any other accident, loss or claim in connection with any motor vehicle?  
 Y  N If **yes**, brief details of year/cost/insurance co:

**03 DETAILS OF OTHER PASSENGERS IN YOUR VEHICLE**

Name  Telephone   
 Address   
 Name  Telephone   
 Address

**04 DETAILS OF INDEPENDENT WITNESSES**

Name  Telephone   
 Address   
 Name  Telephone   
 Address

**05 DETAILS OF DRIVERS/OWNERS OF OTHER VEHICLES OR PROPERTY**

Driver  Owner   
 Address   
 Make/model of vehicle   
 Registration Number  Telephone number   
 Damage to vehicle   
 Insurance company

**06 DETAILS OF LOSS OR ACCIDENT**

Please continue on a separate sheet if necessary  
 Date  Time am/pm (circle one)   
 Location (e.g. Street)  Suburb or Town   
 Weather  
 Rain  Overcast  Bright sun  Clear night  Fog  
 Road  
 Sealed  Metal  Wet  Dry  
 What speed limit was in force?  
 50km/h  70km/h  100km/h  Other, detail   
 What was your speed prior to braking?  At impact?

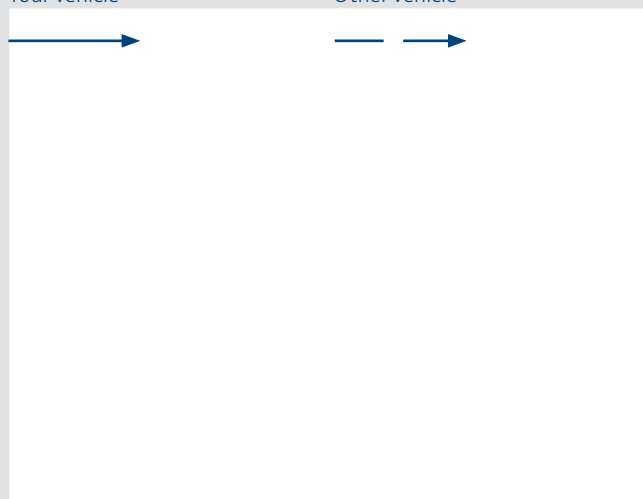
Please state reason for journey   
 Describe in detail how the accident occurred – continue on a separate sheet if necessary  
  
  
  
 Do you consider the other driver responsible for the accident?  
 Y  N Please give your reasons

**07 DAMAGE TO INSURED VEHICLE**

NB Do not proceed with repairs without the Company's authority  
 Describe damage   
  
 Where is your vehicle currently?

Name of repairer/panelbeater   
 Telephone   
 Have you obtained an estimate for repairs?  
 Y  N  
 Amount of estimate obtained \$

**08 SKETCH PLAN OF ACCIDENT AND INCLUDE PHOTOGRAPHS IF AVAILABLE**

Please continue on a separate sheet, if necessary.  
 Indicate street names, direction of vehicles.  
 Your vehicle  Other vehicle   


**09 DIRECT CREDIT AUTHORITY**

If you would like any payment due to be paid direct to a bank account, please provide account details:  
 Name of Account   
  
 BANK BRANCH ACCOUNT NUMBER SUFFIX

**10 DECLARATION TO BE SIGNED BY BOTH POLICYHOLDER AND DRIVER**

Note: Failure to provide full and truthful information could result in the Claim being declined.  
 01 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), PO 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.  
 02 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 the policies with other insurers.  
 Policyholder's signature (if company, state capacity)  Date   
 Driver's signature  Date