

Motor vehicle claim form

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



INSURANCE COMPANY		CLIENT NO
POLICY NO	EXCESS	ROTHBURY CLAIM REFERENCE NO

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

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 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 24 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 of claim in connection with any motor vehicle?
 Y N If **yes**, brief details of year/cost/insurance co:

