

# Motor Vehicle claim form

— Multiple Vehicle



Client number if known

**You can send photos and receive claim updates through the My Rothbury App – Download it now!**

Client name

Address

  

Preferred contact number

Email address

Who would you like us to communicate with regarding your claim  
If different from above:

Preferred contact name

Relationship

Contact number

Email address

Do you have the Rothbury App?  Y  N

**Please turn on notifications to receive claim updates via the app.**

Vehicle make  Model

Year  Registration number

Has the vehicle been modified?  Y  N

Does the vehicle have a current Warrant of Fitness?  Y  N

Was the vehicle being driven with the owner's consent?  Y  N

Is there any finance on the vehicle or accessories?  Y  N  
Please provide details

  

Is there any other Insurance on the vehicle or accessories?  Y  N  
Please provide details

  

## DRIVER INFORMATION

Driver's name

Address

  

Contact number  Date of birth

Relationship to Policyholder

Are they the main driver of this vehicle?  Y  N

Do they own a vehicle?  Y  N

Do they hold vehicle insurance?  Y  N

With who?

What kind of current Driver's Licence do they hold?

Learners  Restricted  Full

Licence number  Version number  Class

Issue date  Expiry date

Have they had any convictions in the last seven years (excl parking)?  Y  N

Have they had any accidents, loss or claims with any motor vehicle in the last five years?  Y  N

Was there any alcohol/drugs taken by the driver 24 hrs prior to the incident?  Y  N

Details

  

Were the police involved?  Y  N

File number

Was a breathalyser/blood test taken?  Y  N

What was the outcome?

Were there any passengers in the vehicle?  Y  N

Passenger name

Phone number

Passenger name

Phone number

Were there any witnesses?  Y  N

Witness name

Phone number

Witness name

Phone number

**DETAILS OF INCIDENT**

What happened?

Date of incident

Time

Where did it happen?

What was the speed limit in place?

What speed was the vehicle travelling?

What were the weather conditions like?

Fine  Raining  Fog  Windy  Overcast

Who is your chosen repairer?

Name

Phone number

Repair estimate

Were any other vehicle/s involved?  Y  N

Vehicle make

Model

Year

Registration number

Driver's name

Address

What were the road conditions like?

Sealed  Unsealed  Dry  Wet

Did anyone suffer injuries?  Y  N

If yes, please provide details

Describe the damage to the vehicle

Was there any other property damaged, e.g fences, posts  Y  N

If yes, please provide details

Where is the vehicle now?

Address

Phone number

Email

Description of their damage

Owner's details (if different from driver)

Insurer's name

Claim/policy number

**DECLARATION**

I/We

1. Declare that to the best of my/our knowledge the information provided in support of the claim is correct and complete in all ways and there is no further information relevant to the claim.

**Please Note:** The collection of this information is required under the terms of your policy in order for the claim to be evaluated. Failure to provide complete and correct information may result in the claim being declined.

2. Agree to provide any further information that may be required;

I have read and understand the above declaration.

I confirm I am the policyholder.

I am not the policyholder. Please state relationship to policyholder:

Full name

Date

3. Authorise the disclosure and obtaining, of my/our personal information in respect of this claim, to and from parties including Insurers, intermediaries and other members of the Insurance Industry, the insurance Claims Register PO Box 474, Wellington (where information is retained and made available to other insurers), and other parties relevant to your claim including those with a financial interest in, and/or involved in the repairing or replacing of, the subject matter of the claim.
4. Understand I/we have certain rights of access to and correction of my/our personal information pursuant to the Privacy Act 2020; and
5. All information collected will be held by Rothbury Insurance Brokers, 188 Quay Street, Auckland and/or the Insurer.

**DRIVER:**

I have read and understand the above declaration.

Driver name

Date

**DIRECT CREDIT AUTHORITY**

If you would like any payment due to be paid direct to a bank account, please provide your account details:

Name of Account

BANK

BRANCH

ACCOUNT NUMBER

SUFFIX

FOR OFFICE USE ONLY

INSURER

POLICY NUMBER

NAME OF ROTHBURY STAFF  
MEMBER COMPLETING FORM