

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

FOR OFFICE USE ONLY

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

Licence expiry date Licence class

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 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?
 Did anyone get hurt in the accident? Y N
 If yes, can you please advise who and their relationship with the driver and known extent of the injuries.

Please state reason for journey
 Describe in detail how the accident occurred – use a separate sheet if necessary

 Do you consider the other driver responsible for the accident?
 Y N Please give your reasons



 Have the police laid or mention laying charges against the driver of your vehicle? Y N
 If yes, do you know what the charges are likely to be?

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

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