# 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 COMMERCIAL LOSS TYP	PE				
INSURANCE COMPANY POLICY N	<b>NO</b> .	DUE DATE			
PURSUANT TO THE PRIVACY ACT 2020 THE FO	LLOWING IS BROUGHT TO YOUR /	ATTENTION:			
<ul> <li>a This claim form collects personal inform</li> <li>b The information is collected to evaluate</li> <li>c The intended recipient of the information</li> <li>The insurer named on your policy, herein</li> <li>Company") and is being held by them at</li> </ul>	e your claim on is: e n after called ("the	The collection of this information is required pursuant to the terms of your insurance policy The failure to provide this information may result in your claim being declined You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 2020			
<b>o1 POLICY HOLDER</b> Surname of the Insured or name of company		Is there any other insurance on the vehicle or accessories? Y INSURED VEHICLE Make			
First name(s) of Insured (Mr/Mrs/Miss/Ms)		Model and type (e.g. Van, Car, Artic, Flat top, etc.)			
Address					
		Year Registration number			
Home telephone Busine	ss telephone	Has the vehicle been modified in any way? Y N If <b>yes</b> , please give details:			
Mobile telephone					
Email address		Has the vehicle a current Warrant/Certificate of Fitness? Y N			
Name of any other party with financial inter	est in the vehicle:				

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

Full name (Mr/Mrs/Miss/Ms)		W	Vas	the v	vehicl	e being driven with the owner's consent?
			١	Y	Ν	If <b>no</b> , please give details
Date of birth						
						consume liquor and/or drugs (including medication) within to the accident?
Address		1.	Y N If <b>yes</b> , please provide details			
		D	Did t	:he P	olice	attend?
Home telephone	Business telephone		١	Y	Ν	If <b>yes</b> , Police File No.:
		W	Vas	a bre	eathal	yser or blood test, or any other such test completed?
Occupation			١	Y	Ν	If <b>yes</b> , please provide details
occupation						
Relationship to Policy Holder		D	Durii	ng th	ne pas	t 5 years, have you:
		i.	. E	Been	conv	icted of any offence other than parking?
Driver Licence number			١	Y	Ν	If <b>yes</b> , provide details of type and penalty:
Diwei Licence number						
Licence type:		ii.			any ot or veh	her accident, loss or claim in connection with any icle?
Full Restricted Learne	ers Licence version		١	Y	Ν	If <b>yes</b> , please provide brief details of year/cost/insurance co:
Licence Endorsements/Classes						
Date and country of issue						
Fundamentaria						
Expiry date						

## 03 DETAILS OF LOSS OR ACCIDENT

-	Please continue on a separate sheet if necessary	-	<b>NB</b> Do not proceed wi
	Date Time AM/PM (Circle One)		Describe damage
	Location (e.g. Street)		
	Suburb or Town		
			Name of repairer/pa
	Weather		
	Rain Overcast Bright Sun Clear Night Fog		Telephone
	Road		
	Sealed Metal Wet Dry		Have you obtained a
	What Speed Limit Was In Force?           50km/h         70km/h         100km/h         Other, Detail		Y N
	What Was Your Speed Prior To Braking? At Impact?		Amount of estimate
	Please state reason for journey		
		06	DETAILS OF DRIVER
	Describe in detail how the accident occurred – use a separate sheet		Driver
	if necessary		
			Address
			Malia (m. 1911) - 6
			Make/model of vehic
			De sistestis e Neusla
			Registration Numbe
			Dama as ta valiala
			Damage to vehicle
	Do you consider anyone else to be at fault for the accident?		
	Y N Please give your reasons		
			Insurance company
	Did anyone get hurt in the accident?		
	Y N If <b>yes</b> , can you please advise who and their relationship		
	to the driver and known extent of the injuries.	07	DIRECT CREDIT AUT
	Have the police laid or mentioned laying charges against the driver of your vehicle?		please provide accou
	Y N If <b>yes</b> , do you know what the charges are likely to be?		Name of Account/Ac
	Were there any independent witnesses to the incident?		
	Y N If <b>yes</b> , please provide details		
			BANK BRANCH
		08	DECLARATION TO BE
04	SKETCH PLAN OF ACCIDENT		Note: Failure to provid
	Please continue on a separate sheet, if necessary.	01	being declined. a. I/We agree to the Co
	Indicate street names, direction of vehicles	10	regarding this claim
	Your vehicle ————————————————————————————————————		Wellington, where i companies to inspe
			b. Parties who have a
			parties repairing or c. I/We understand th
			to and correction of
		02	ICR Ltd. I/We agree to the Com
		02	is, in the Company's vi
			a. from any other part from Insurance Clai
			made by me/us und
		Pol	icyholder's signature/si

#### 05 DAMAGE TO INSURED VEHICLE

${\bf NB}$ Do not proceed with repairs without the Company's authority	
Describe damage	

anelbeater

an estimate for repairs obtained \$

## **RS/OWNERS OF OTHER VEHICLES OR PROPERTY**

Driver	Owner			
Address				
Make/model of vehicle				
Registration Number	Talanhana numbar			
Registration Number	Telephone number			
Damage to vehicle				

## HORITY

payment due to be paid direct to a bank account, unt details

count Number

BANK	BRANCH	ACCOUNT NUMBER	SUFFIX

#### E SIGNED BY BOTH POLICY HOLDER AND DRIVER

de full and truthful information could result in the Claim

- ompany disclosing my/our personal information n to the Insurance Claims Register (ICR Ltd), PO Box 474, it will be retained and made available to other insurance ect.
- financial interest in the subject matter of the policy and replacing the subject matter of the claim.
- nat I am/we are entitled to have certain rights of access f the personal information held by the Company and
- pany obtaining personal information about me/us that iew, relevant to this claim.
  - ty including other members of the Insurance Industry and ims Register Ltd (ICR Ltd) which holds details of claims der the policies with other insurers.

igned on behalf of all Insureds Date

Driver's signature

Date