

# 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	POLICY NO.	DUE DATE

## PURSUANT TO THE PRIVACY ACT 2020 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:  
The insurer named on your policy, herein after called ("the Company") and is being held by them at their Head Office
- 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 2020

### 01 POLICY HOLDER

Surname of the Insured or name of company

First name(s) of Insured (Mr/Mrs/Miss/Ms)

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:

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 Endorsements/Classes

Date and country of issue

Expiry date

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

Did the driver consume liquor and/or drugs (including medication) within 12 hours prior to the accident?  
 Y  N If **yes**, please provide details

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

Was a breathalyser or blood test, or any other such test completed?  
 Y  N If **yes**, please provide details

During the past 5 years, have you:

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

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

