

MOTOR VEHICLE CLAIM FORM

Pursuant to the Privacy Act 1993 the following is brought to your attention.

- (a) This claim form collects personal information about your claim;
- (b) The information is collected to evaluate your claim;
- (c) The intended recipient of the information is: The Insurer named below (Hereinafter called "the company") and Insurance Brokers Alliance Ltd (Hereinafter called IBAL) and is being held by them at their offices.
- (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.

Policy Number: _____ Insurance Company: _____

POLICY HOLDER DETAILS

Full name: (Company name if applicable) _____

Address: _____

Contact phone numbers: (home) _____ (Business) _____

Email: _____ Bank Acc Details: _____

INSURED VEHICLE

Year: _____ Rego: _____

Make: _____ Model: _____

Has the vehicle been modified in any way? (If yes, please provide details) _____

Name of any other party with financial interest in the vehicle: _____

Is there any other insurance on the vehicle or accessories? Yes / No

Does the vehicle have a current Warrant/Certificate of Fitness? Yes / No

DRIVER DETAILS (or person in charge of the insured vehicle, to be completed, even if parked)

Full Name: Mr Mrs Miss Ms Dr _____

Private address: _____

Date of Birth: _____ Occupation: _____

Telephone: Private No: _____ Business: _____

Driver Licence No: _____ Version Number: _____

Licence Type: Full / Restricted / Learners No of yrs licence held: _____

Licence Classes: _____ Special Conditions: _____

Drivers relationship to Policyholder: _____

Was the vehicle being driven with the owners consent? (If no, please provide details) Yes / No

Are you the main driver of the vehicle? Yes / No

If not the Policyholder/s, do you have Motor Vehicle Insurance? (If yes, please provide details) Yes / No

MOTOR VEHICLE CLAIM FORM

During the past 5 years, have you: (if you answer yes to any of the following questions, please provide details)

(a) Been in involved in a motor accident? Yes / No

(b) Been convicted of any offence other than parking? Yes / No

(c) Been disqualified from driving or had license cancelled or suspended? Yes / No

DETAILS OF ACCIDENT

Date of accident: _____ Time: _____ AM PM

Location: (street & town) _____

Weather conditions: Bright Sun Overcast Rain Fog Clear Night

Road Conditions: Sealed Metal Wet Dry Ice

What speed limit was in force?

What was your speed prior to breaking?

Please state reason for journey:

Please provide full details of accident:

Who do you consider to be at fault?

Did anyone get hurt in the accident? (If yes, can you please advise who and their relationship to the driver and known extent of injuries): Yes / No

Did the Police attend? (If yes, please provide incident reference) Yes / No

Have the Police laid or mentioned laying charges against the driver of your vehicle? (If yes, do you know what the charges are likely to be?) Yes / No

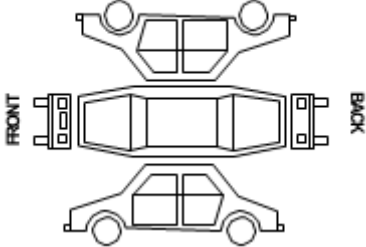
Did the driver consume liquor and/or drugs within 12 hours prior to the accident? (If yes, please provide details) Yes / No

Was a breathalyzer or blood test done? (If yes, please provide details) Yes / No

MOTOR VEHICLE CLAIM FORM

DAMAGE TO INSURED VEHICLE SKETCH PLAN OF ACCIDENT

Please describe damage to your vehicle & show on diagram:

	Have you obtained a quote?
	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	Repairer:
	Repair estimate:
	\$

OTHER VEHICLE OR PROPERTY DAMAGED

Driver/Owner of vehicle or property: _____

Address: _____

Contact Number: _____ Insurance Company: _____

Details of Vehicle/property: _____ Rego No: _____

PASSENGERS IN YOUR VEHICLE OR INDEPENDENT WITNESS

Name: _____ Contact No: _____

Address: _____ Passenger / Witness

Name: _____ Contact No: _____

Address: _____ Passenger / Witness

DECLARATION: Note failure to provide full and truthful information could result in the claim being declined.

1. **I/We agree to IBAL/The Company disclosing my/our personal information regarding this claim to:**

(a) where it will be Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICRLtd) POBox474, Wellington, 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 IBAL/The Company & ICR Ltd

2. **I/We agree to IBAL/The Company obtaining personal information about me/us that is, in IBAL's view, relevant to this claim.**

(a) From any other party including other members of the Insurance Industry and from ICR Ltd which holds details of claims made by me/us under policies with other insurers. All the information and answers (whether written or oral) given to IBAL/The Company in connection with this claim are correct and that no information relevant to the claim has been omitted. I/We authorize IBAL/The Company to act on my/our behalf.

Drivers Signature: _____ Date: _____

X

Policyholders Signature: _____ Date: _____