

## MOTOR VEHICLE CLAIM FORM

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

This form collects personal information about you;

The information is collected to evaluate your claim.

The intended recipient of the information is:

Herein after called (“the company”) and is being held by them at:

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 the rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993

### Insured or Company Details

Insured Name or Company			
Contact person			
Phone number(s)			
Email			
Street Address			
Town / City		Postcode	
Does any other party have a financial interest in this vehicle	Yes	No	
Is there other insurance on this vehicle or its accessories	Yes	No	
If yes provide details			

### Insured Vehicle

Make		Year	
Model		Licence plate	
WoF / CoF expiry		Registration expiry	
Has the vehicle been modified in any way	Yes	No	
If yes provide details			

### Details of Driver or Person in Charge

Full Name			
Date of Birth			
Address			
Town / City		Postcode	
Phone number(s)			
Email		Occupation	
Driver licence no.		Licence version no.	
Type of licence	Full	Restricted	Learners
Country of issue		Date of issue	
Expiry date		Years held	
Drivers relationship to Policy Holder			
If not the Policy Holder, do you have your own motor vehicle insurance	Yes	No	Provide details
Was the vehicle being driven with the owners consent	Yes	No	Provide details

**In the past five (5) years has the driver**

Had any losses / incidents involving damage or theft of a vehicle (excluding glass)	Yes	No
Been disqualified from driving or had licence suspended or cancelled:	Yes	No
Been convicted of any offence other than parking	Yes	No
Has the driver had any insurance refused, cancelled, special terms imposed or had a claim declined in the last five (5) years	Yes	No

If yes provide details

**Details of the Incident**

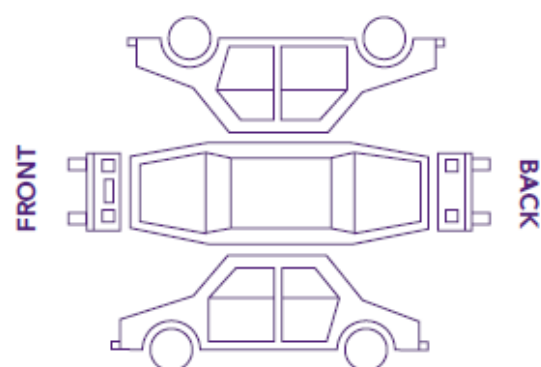
Date of Incident		Time		am	pm
Address of Incident					
Town / City		Postcode			
What purpose was the vehicle being used for					

**Conditions**

What were the weather conditions at the time	Bright Sun		Overcast		Clear Night		Fog	
	Stormy		Windy		Rain		Hail	
What speed were you travelling at prior to the incident								KPH
What speed were you travelling at impact								KPH
What speed do you estimate the third party was travelling prior to the incident								KPH
What speed limit was in force								KPH
What were the road conditions at the time	Sealed		Metal		Wet		Dry	Ice

Explain what happened and provide details of the incident including a sketch if appropriate

Please describe damage to your vehicle and show on diagram



Was the incident your fault	Yes	No	Provide reason
Did the other party admit fault	Yes	No	Provide details
Do you consider the other party was at fault	Yes	No	Provide details

Did the driver consume liquor or alcohol and/or drugs (including medication) within 24 hours prior to the incident	Yes	No
Provide details		
Did the Police attend the incident	Yes	No
Was the driver required to provide the Police with a breath and/or blood sample	Yes	No
Have you been advised of the result of that test(s):	Yes	No
Provide details		
Was anybody hurt or injured in the incident	Yes	No
Provide details		
Provide the contact details of independent witnesses		
Where is your vehicle now		
Name of repairer		
Address and phone no.		
Estimated cost of repairs		

<b>Other vehicle or property damaged</b>		
Name of Driver / Owner of the other vehicle or property		
Address		
Town / City	Postcode	
Contact number(s)		
Details of their vehicle / property		
Registration number		
Their insurance company details		
Any other details		

**Declaration** must be signed by the Policy Holder

**Note:** Failure to provide full and truthful information could result in the Claim being declined.

I/We declare that to the best of my knowledge the details provided in this claim form are true.

I/We agree to PSC Connect NZ Limited and the Insurance Company (and/or their agent) with whom I am insured may disclose my/our personal information regarding this claim to:

- a) Other parties including other members of the Insurance Industry and the data base 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 PSC Connect NZ Limited and the Insurer and ICR Ltd.

I/We agree to PSC Connect NZ Limited and the Insurer obtaining personal information about me/us that is, in their view, relevant to this claim.

From any other party including other members of the Insurance Industry and from Insurance Claims Register Ltd (ICR) which holds details of claims made by me/us under policies with other insurers.

All information and answers (whether written or oral) given to PSC Connect NZ Limited and the Insurance Company in connection with this claim are correct and that no information relevant to the claim has been omitted. I/We authorise PSC Connect NZ Limited and the Insurance Company to act on my/our behalf.

Policy Holder Name		Policy Holder Signature	
Position		Date	
Drivers Signature		Date	