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					

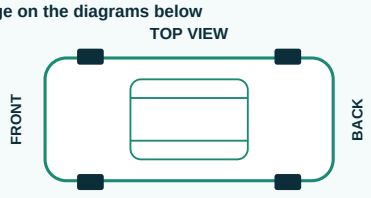
Conditions

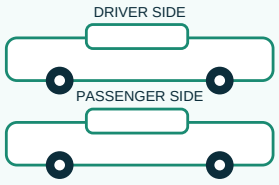
What were the weather	Bright Sun ☐ Overcast ☐ Clear Night ☐ Fog ☐	
conditions at the time	Stormy ☐ Windy ☐ Rain ☐ Hail ☐	
What speed were you travelling at prior to the incident		KPH
What speed were you travelling at impact		KPH
What speed do you estimate the third party was travelling prior to the incident		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

Mark area(s) of damage on the diagrams below

Print and mark, or describe damage in the field above





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	

Liquor, drugs, Police, injuries and witnesses

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			

Other vehicle or property damaged

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 Insurance Hub 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 Insurance Hub NZ Limited and the Insurer and ICR Ltd.

I/We agree to Insurance Hub 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 Insurance Hub 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 Insurance Hub NZ Limited and the Insurance Company to act on my/our behalf.

Policy Holder Name		**Policy Holder Signature**	
Position		**Date**	
Drivers Signature		**Date**	