

**Insured detail: Full details of Insured/Owner**

Insured/ Owner: .....  
 Client number: ..... Policy number: .....  
 Postal Address: ..... Suburb/Town: .....  
 If company, contact name: ..... Position held: .....  
 Telephone No. (circle best contact) Home: ..... Work: ..... Mobile: .....  
 Email Address: ..... Fax No. ....

**Vehicle details: Full details of insured vehicle**

Year: ..... Make: ..... Model: .....  
 Reg No. .... Financially interested/ leased:  Yes  No  
 Name of interested party: .....

**Driver details: Full details of insured driver or person in charge of insured vehicle at the time of accident or loss**

Full name: ..... Date of Birth: ...../...../.....  
 Home address: ..... Suburb/ Town: .....  
 Telephone No.: Home : ..... Mobile : .....  Male  Female  
 New Zealand licence:  Yes  No Years licensed: ..... Type:  Learner  Restricted  Full  
 Date of Issue: ...../...../..... Special Conditions on the licence if any: .....  
 Licence No. .... Version No: ..... Expiry Date: ...../...../.....  
 Classes covered: .....  
 Relationship to insured:  Insured/ Owner/ Director  Relative (specify): ..... Other  (specify): .....  
 Did the driver have permission to use the vehicle?  Yes  No  
 For what purpose was the insured vehicle being used?  Business  Private  
 Had you taken any intoxicating liquor and/or drugs (prescribed or otherwise) within the 12 hours prior to the accident?  Yes  No  
 If Yes, please give full details: .....

Have you ever been convicted of any traffic or criminal offences (other than parking) within the last five years?  Yes  No  
 If Yes, please give full details: .....

Offence	Approximate Date	Court Action
.....	...../...../.....	.....
.....	...../...../.....	.....
.....	...../...../.....	.....

Have you had any motor accidents or claims including theft (other than windscreen breakage) within the last five years?  Yes  No  
 If Yes, please give details, include approximate date: .....

**Accident/ Loss Details**

Location (street): ..... Suburb / Town: .....

Date: ...../...../..... Time: ..... am/pm Day of Week: .....

Speed (kmph) prior to impact:..... Approximate speed (kmph) on impact: ..... Speed limit for the area: .....

Road Surface:  Sealed  Unsealed  Dry  Wet  Ice

Weather Conditions:  Fine  Raining  Fog  Overcast  Strong Winds  Snow  Other.....

Vehicle Activity:

Collided with obstruction  Turning vs. same direction  Reversing  Head on  Damaged whilst parked  Hit animal

Lost control/ left road  Overtaking/ lane change  Cornering  Tipping  Right turn against traffic  Rear ended

Other (please specify) .....

Was any warning (horn signals etc.) given by any person?  Yes  No

If Yes, please give details: .....

Were your head lights switched on and functioning?  Yes  No

Describe in detail how accident occurred:  
.....  
.....  
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**Details of damage or loss to insured (indicate where insured vehicle is damaged)**

Frontal  Bonnet  Multiple Sides  Rear  Driver's side  Windscreen/window glass  Roof  Passengers side  
 No Damage  Other (please specify)

Where can the insured vehicle be inspected? .....

Have you sent it in to be repaired?  Yes  No

If Yes, please give name of repairer: ..... Contact phone no: .....

Have you obtained an estimate for repairs?  Yes  No If Yes, Estimate: \$.....

Is the vehicle presently driveable?  Yes  No

If No, state details of its location and contact details:

Street: ..... Town/City: .....

Contact person: ..... Phone: .....

Have we been given the opportunity of appointing an independent assessor or loss adjuster (if required) ?  Yes  No

If yes please give details: .....

Were there any passengers in the insured vehicle?  Yes  No

Name: ..... Address: ..... Phone: .....

Name: ..... Address: ..... Phone: .....

**Witnesses:**

It is important that names & addresses are obtained where a driver considers him /herself to blame or not

Name: ..... Address: ..... Phone: .....

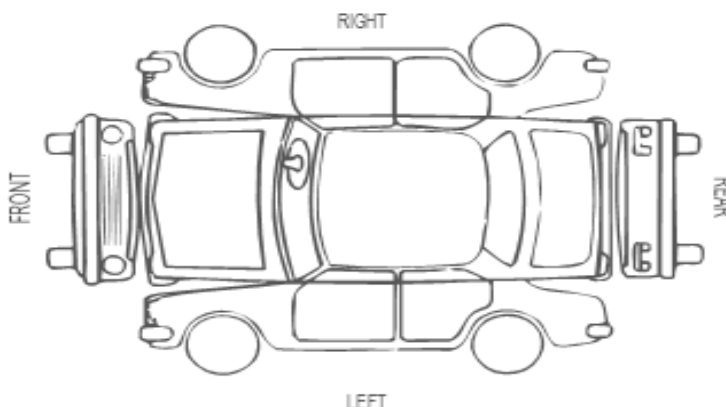
Name: ..... Address: ..... Phone: .....

**Sketch plan of accident (not required for Theft or Fire claims)**

Indicate: layout of road, position of vehicles on impact, road signs and markings, direction of vehicles travelled, other vehicles (reg), identify your vehicle.

**Please indicate on the diagram**

where damage has occurred to the insured vehicle:



**Other Property: Full details of damage to other driver vehicle or property**

Property or Vehicle owned by:

Vehicle make: ..... Model: ..... Reg No: .....

Driver's full name: .....

Contact address: .....

Home Phone: ..... Work: ..... Mobile: .....

Their insurance company: ..... Branch: .....

Details of damage: .....

Estimated cost of repairs to other party's property (if known): \$.....

If more than one other vehicle involved in accident, please give details:

Other driver's full name: .....

Contact address: .....

Home phone: ..... Work: ..... Mobile: .....

Vehicle Make: ..... Model: ..... Reg No: .....

**Liability**

Do you consider the other driver responsible for the accident:  Yes  No

If Yes, please give reasons: .....

Did anyone admit liability?  Yes  No Who: .....

**Police report:**

Do the Police have knowledge of this incident?  Yes  No If yes, please give details: .....

Name of officer: ..... Address of station: ..... Number: .....

Did Police attend the scene of the accident?  Yes  No

Did any driver undergo any test for alcohol or drugs?  Yes  No If yes, please give details: .....

Name: ..... Address: .....

Name: ..... Address: .....

Have the Police issued a Notice of Intended Prosecution, or given any verbal warning?  Yes  No

If yes, please give details:

Name: ..... Offence: .....

Name: ..... Offence: .....

**DECLARATION:**

I/We declare that:

The information given in this form to be correct ;

I/We agree that should there be any dispute over any payment of this claim the Underwriter or its authorised agent, shall be entitled to submit the dispute to arbitration;

I/We authorise and request the New Zealand Police to release to the Underwriter or its authorised agent, copies of any or all documents held by the New Zealand Police relating to the incident giving rise to this claim. If necessary, this authority should be treated as a formal request pursuant to the Official Information Act 1982;

I/We authorise the disclosure of personal information held by any other party regarding this claim;

I/We agree to the Underwriter or its authorised agent, releasing to other parties personal information regarding this claim;

I/We authorise the Insurer or its authorised agent to give or obtain from other insurers or other parties, any information relating to any insurance held or claim made.

Note: Failure to provide full and correct information could result in your claim not being accepted by the Underwriter or its authorised agent.

I have read and accept the Declaration

Signature insured/owner: ..... Date: ...../...../.....

If company, state position (i.e CEO, manager etc): .....

Driver's signature (if different from above: ..... Date: ...../...../.....