

# MOTOR ACCIDENT

## CLAIM FORM

- We recommend that you read the Claims section of your policy.
- Please answer all the questions on this form. If a question does not apply to your claim, please answer 'N/A'.
- You must not incur any expense (unless it is to minimise the loss), or admit fault, without our permission.
- **THE DRIVER OF THE VEHICLE (OR THE PERSON WHO WAS IN CHARGE) MUST SIGN 'PART M' OF THIS FORM.**

### PART A: THE INSURED

Name: \_\_\_\_\_ Policy number: \_\_\_\_\_

#### POSTAL ADDRESS

Number/Street: \_\_\_\_\_ Suburb: \_\_\_\_\_

Town / City: \_\_\_\_\_ Post code: \_\_\_\_\_

#### CONTACTS

Home phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PART B: BANK ACCOUNT DETAILS

If your claim is accepted and you wish to be paid direct into your account, please fill out the details below:

Bank Account: 

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### PART C: THE INSURED VEHICLE

1. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Reg. No.: \_\_\_\_\_

2. Is the vehicle subject to a finance arrangement of any kind? Yes  No

If 'Yes', please give details: \_\_\_\_\_

3. Has the vehicle or engine been modified from the maker's standard specifications? Yes  No

If 'Yes', please give details: \_\_\_\_\_

4. Is a special license endorsement (besides class 1) required to operate this vehicle? Yes  No

If 'Yes', please give details: \_\_\_\_\_

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

If 'Yes', please give details: \_\_\_\_\_

### PART D: DETAILS OF DRIVER OR PERSON IN CHARGE

1. What is the driver's Date of birth? \_\_\_\_\_ Female  Male

2. Was the driver (or person in charge when the accident happened) the person shown under Part A? Yes  No

If 'Yes', please go to Part E, If 'No' please answer questions 3–6

3. Full name of driver (or person in charge) \_\_\_\_\_

**POSTAL ADDRESS**

Number/Street: \_\_\_\_\_ Suburb: \_\_\_\_\_

Town / City: \_\_\_\_\_ Post code: \_\_\_\_\_

**CONTACTS**

Best contact phone number: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

4. Relationship to the Insured:      Husband       Wife       Son       Daughter   
Other  (give details) \_\_\_\_\_

5. Did the driver have the owner's permission to use the vehicle?      Yes       No

6. Does the driver have any motor vehicle insurance?      Yes       No

7. Does the insured confirm ownership?      Yes       No

## PART E: DRIVER'S HISTORY

1. Has the driver ever been refused vehicle insurance or had a policy cancelled or not renewed?      Yes       No

2. In the past five years has the driver:  
(a) been involved in a motor accident?      Yes       No

(b) been convicted of a driving offence or issued with an offence or infringement notice  
(including speeding)?      Yes       No

(c) been disqualified from driving or had license endorsed, cancelled or suspended?      Yes       No

If you answered 'Yes' to any of the questions above, please provide details below:

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## PART F: DRIVER'S LICENCE

**All details as they appear on the New Zealand driver's licence:**

(1) Surname: \_\_\_\_\_ (2) First name(s): \_\_\_\_\_

(3) Date of birth: \_\_\_\_\_ (4a) Issue date: \_\_\_\_\_ (4b) Expiry date: \_\_\_\_\_

(5a) Driver's licence: \_\_\_\_\_ (5b) Licence version number: \_\_\_\_\_

(6) Full address as it appears on driver's licence:\*

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\*This field is optional and may be blank on your licence

(7) Licence classes: 1  2  3  4  5  or 6

(8) Endorsements: P  V  I  O  D  F  R  T  W  or NIL

(9) Classes/endorsements for conditions: \_\_\_\_\_

(10) Date and country of issue: \_\_\_\_\_

(11) Was the driver licensed to drive this class of vehicle under the conditions endorsed?      Yes       No

## PART G: DETAILS OF ACCIDENT

1. When did the accident happen? Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM  PM
2. Where did it happen? (street and town): \_\_\_\_\_
3. What was the vehicle being used for? \_\_\_\_\_
4. Please provide full details of your journey: \_\_\_\_\_  
\_\_\_\_\_
5. Please provide full details of what happened: \_\_\_\_\_  
\_\_\_\_\_

If the insured vehicle was being driven when the accident happened:

6. What were the weather conditions at the time? Rain  Overcast  Fog  Bright Sun  Clear Night
7. What were the road conditions at the time? Sealed  Metal  Wet  Dry  Ice
8. What speed was the insured vehicle travelling at before braking? \_\_\_\_\_
9. Did the driver consume or use any alcoholic liquor, drug or intoxicating substance in the 12 hours before the accident? Yes  No   
If 'Yes', please give details: \_\_\_\_\_
- What: \_\_\_\_\_ How much: \_\_\_\_\_ When: \_\_\_\_\_
10. Was the driver required to provide the Police with a breath and/or blood sample? Yes  No

## PART H: SKETCH PLAN OF ACCIDENT

Please attach a sketch to show any:

- Street names
- Road markings
- Traffic signals
- Distances between vehicles
- Distances from kerb
- Road signs
- Traffic islands
- Direction of travel

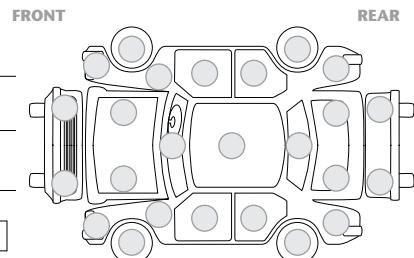
## PART I: DAMAGE TO THE INSURED VEHICLE

1. Please describe the damage to your vehicle and show it on the diagram:

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2. Did the vehicle need to be towed? Yes  No

Name of towing company: \_\_\_\_\_

3. Name of repairer: \_\_\_\_\_ Telephone: \_\_\_\_\_

4. Address of repairer: \_\_\_\_\_

5. When to be taken to repairer: \_\_\_\_\_ Repairer's estimate \$ \_\_\_\_\_

**Contact your broker for your nearest NZI approved repairer.**

## PART J: OTHER VEHICLE OR PROPERTY DAMAGED

1. Other vehicle owned/driven by: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Insurer and Branch: \_\_\_\_\_  
Other vehicle – Make: \_\_\_\_\_ Model: \_\_\_\_\_ Reg. No.: \_\_\_\_\_  
Details of damage to other vehicle: \_\_\_\_\_
2. Details of damage to other property: \_\_\_\_\_  
Owners name and address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

## PART K: LIABILITY FOR THE ACCIDENT

1. Did anyone get hurt in the accident? Yes  No   
If 'Yes', can you please advise who, their relationship to the driver and known extent of the injuries \_\_\_\_\_  
\_\_\_\_\_
2. Who do you consider to be to blame? \_\_\_\_\_
3. What are your reasons? \_\_\_\_\_
4. Did anyone admit liability? Yes  No   
If 'Yes', who: \_\_\_\_\_
5. Did the police attend the accident? Yes  No   
If 'Yes', please give officer's name and number: \_\_\_\_\_  
\_\_\_\_\_
6. Have the police laid or mentioned laying charges against the driver of your vehicle? Yes  No   
If 'Yes', do you know what the charges are likely to be? \_\_\_\_\_  
\_\_\_\_\_

## PART L: WITNESSES TO THE ACCIDENT

Were there any witnesses? Yes  No   
If 'Yes', please give details below:

1. Name: \_\_\_\_\_ Passenger: Yes  No   
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Passenger: Yes  No   
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Note:** if there is any information you cannot give to us now, please mark the question and let us have it as soon as possible. If there is not enough room on this form, please attach a separate document.

Is a separate document attached? Yes  No

## PART M: DECLARATION AND SIGNATURE

I declare that:

**1. authorise NZI to move the vehicle to a claims assessing centre for examination and assessment.**

**2. MATERIAL FACTS**

- (a) All information given to NZI in connection with this claim (whether oral or written) is true and correct;
- (b) No information relevant to the claim is omitted.

**3. USE OF INFORMATION**

- (a) My personal information collected by NZI in connection with this claim may be:
  - (i) disclosed to other members of the insurance industry and Insurance Claims Register Limited;
  - (ii) disclosed to parties repairing or replacing the subject matter of the claim;
  - (iii) disclosed to parties who have a financial interest in the subject matter of the policy;
  - (iv) used by NZI to advise me of its other services
- (b) My personal information held by any other parties in connection with this claim may be disclosed to NZI;

**Please note:**

- We gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you do not provide it, or if you provide any false or untrue information, we may decline your claim.
- Your claims history is passed onto, and held by, Insurance Claims Register Limited. This enables other insurers you deal with to access it, and prevents fraudulent claims.

**SIGNED BY THE DRIVER**      Signature \_\_\_\_\_ Date \_\_\_\_\_

**SIGNED ON BEHALF  
OFF ALL INSURED'S**      Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE**

Policy No. \_\_\_\_\_ Branch: \_\_\_\_\_

MANAGED BY



IN PARTNERSHIP WITH

