

MOTOR VEHICLE ELECTRONIC CLAIMS ADVICE

STEP 1: PERSON TAKING THE CALL

Date: _____ Entered by: _____

STEP 2: THE INSURED

Surname: _____ First name: _____

Street address: _____ Suburb/Rural area: _____

Town/City: _____ Town/City (if other): _____

Home phone: _____ Work phone: _____

Mobile: _____ Email: _____

Bank Account No: Bank Branch Account Number Suffix

STEP 3: POLICY DETAILS

Cover No: _____ Cover type: _____ Branch: _____

Name on Policy: _____ Premiums: Paid Unpaid

Excess applicable: _____

STEP 4: AFFIRMATION RECORD (MANDATORY IF NO CLAIM FORM TO BE COMPLETED)

The following statement has been read to the Insured: Yes No

“Before I complete your claim, I need you to agree two things:

1. Some details of your claim will be held on the Insurance Claims Register in Wellington. Please be aware that other insurance companies have access to this information
2. As part of your claim, we can give information to or get information from others about your claim.

Please answer all our questions honestly. If you are not completely honest, then your claim may not be paid and your policy could be affected.

Do you understand and agree, and are you happy for me to go ahead?”

STEP 5: THE INSURED VEHICLE

1. Year: _____ Make: _____ Model: _____ Rego: _____

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: _____

STEP 6: 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 Step 2? Yes No
If 'Yes', please go to Step 7; if 'No' please answer questions 3-6
3. Full name of driver (or person in charge): _____
Street address: _____ Suburb/Rural area: _____
Town/City: _____ Town/City (if other): _____
Best contact ph: _____ Best time to contact: _____
4. Relationship to the insured: Husband Wife Son Daughter Employee
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

STEP 7: 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 7 years has the driver:
- (a) Been involved in a motor vehicle accident? Yes No
- (b) Been convicted of a driving offence or any other infringement notice? Yes No
- (c) Been convicted of a criminal offence? Yes No
- (d) Disqualified from driving/had licence endorsed/cancelled/suspended? Yes No

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

STEP 8: DRIVER'S LICENCE

- Driver's licence number (field 5a): _____ Licence version number (field 5b): _____
- Licence classes/endorsements: (field 7): _____
- Classes/endorsements for conditions (field 9): _____
- Was the driver licensed to drive this class of vehicle under the conditions endorsed? Yes No
1. Number: _____ Classes: **1** **2** **3** **4** **5** or **6**
2. Type: _____ Licence Endorsements: **P** **V** **I** **O** **D** **F** **R** **T** **W** or **NIL**
3. Date and country of Issue: _____
4. Special Conditions? Yes No

If 'Yes', please give details (e.g. spectacles must be worn):

STEP 9: DETAILS OF ACCIDENT

1. Date of loss: _____ Time of loss: _____
2. Location of incident: _____
(enter address of incident including street, business name if in carpark, and town/city)
3. What was the vehicle being used for? _____
4. Full details of journey: _____

5. Description of incident: _____

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

6. What were the weather conditions? Rain Overcast Fog Bright sun Clear night
7. What were the road conditions? 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

STEP 10: DAMAGE TO THE INSURED VEHICLE

1. Describe the damage to the insured vehicle: _____
(include details of which side, e.g. front right)
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 \$ _____

STEP 11: OTHER VEHICLE OR PROPERTY DAMAGED

1. Other vehicle owned/driven by: _____ Telephone: _____
- Address: _____ Insurer and branch: _____
- Other vehicle – Make: _____ Model: _____ Rego: _____
- Details of damage to other vehicle: _____
2. Details of damage to other property: _____
- Owner's name and address: _____
- Telephone: _____

STEP 12: LIABILITY FOR THE ACCIDENT

1. Did anyone get hurt in the accident?

Yes No

If 'Yes', please advise who, their relationship to the driver and known extent of the injuries:

2. Who do you believe to be at fault? _____

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 provide officer's name and Police reference 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? _____

STEP 13: WITNESSES TO THE ACCIDENT

Were there any witnesses?

Yes No

If 'Yes', please give details below:

Name: _____ Passenger: _____

Yes No

Address: _____ Telephone: _____

Name: _____ Passenger: _____

Yes No

Address: _____ Telephone: _____

STEP 14: ANY ADDITIONAL COMMENTS/INFORMATION:

MANAGED BY



IN PARTNERSHIP WITH

