

# Motor Vehicle

## CLAIM FORM



### OFFICE USE ONLY

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Staff member: \_\_\_\_\_ Client source: \_\_\_\_\_

This form must be completed in full. If a question doesn't apply please write "N/A". You must answer all relevant questions truthfully. Failing to do so may prejudice your claim.

### 1. Insured person

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### 2. Registered owner

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (hm): \_\_\_\_\_ Mobile: \_\_\_\_\_

Address (hm): \_\_\_\_\_

### 3. Insured vehicle

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Rego: \_\_\_\_\_

Has the vehicle been modified in any way?  Yes  No

Details: \_\_\_\_\_

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

Details: \_\_\_\_\_

Does anyone else have a financial interest in the vehicle? (eg hire purchase, loan etc)  Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

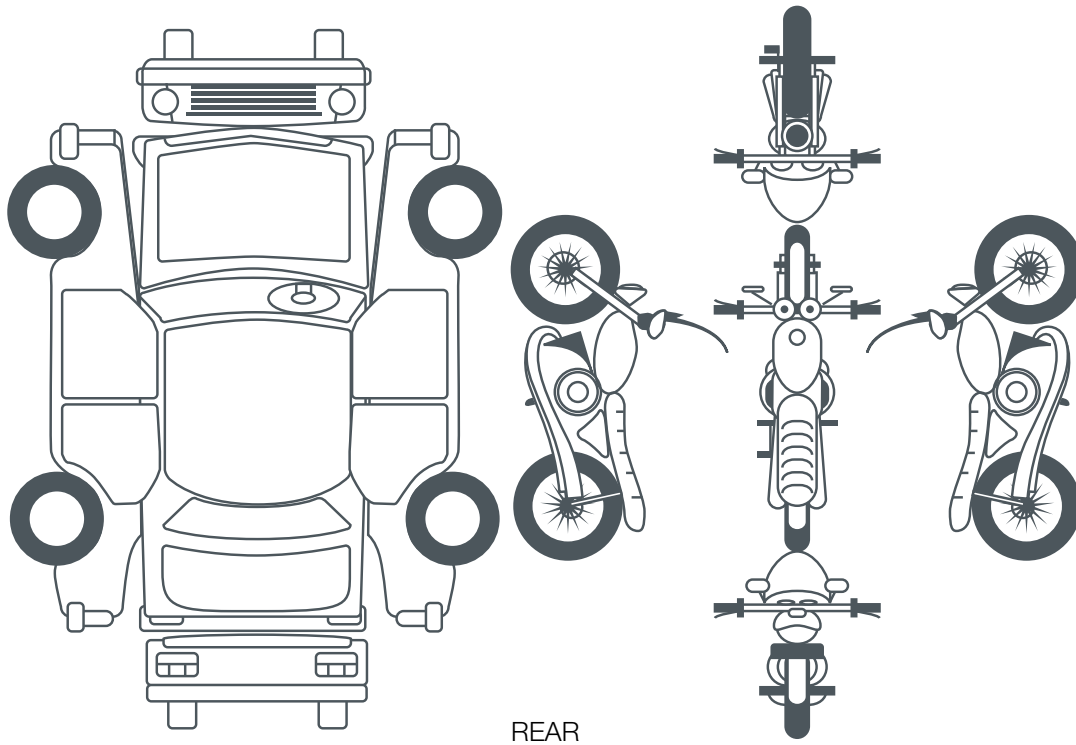
Address: \_\_\_\_\_

Is there any pre-existing damage to vehicle?  Yes  No

Details: \_\_\_\_\_

Is the vehicle auto or manual?: \_\_\_\_\_

Indicate areas of damage to your vehicle:



Are you claiming for damage to your vehicle?

Yes  No

Details: \_\_\_\_\_

Do you have a preferred repairer?

Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

#### 4. Driver

**To be completed by the driver or person last in control of the vehicle**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (hm): \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship to insured: \_\_\_\_\_ DOB: \_\_\_\_\_

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

While in control of the vehicle, did you have a current drivers licence for that type of vehicle?  Yes  No

What class of vehicle are you licenced to drive? (7 on your licence): \_\_\_\_\_

What type of licence do you hold? (eg full/restricted/learners/international): \_\_\_\_\_ Years held: \_\_\_\_\_

Driver licence number (5a on your licence): \_\_\_\_\_ Drivers licence version (5b on your licence): \_\_\_\_\_

Is your drivers licence subject to any restrictions?  Yes  No

Details: \_\_\_\_\_

Have you been convicted of a traffic or driving offence in the past 5 years?  Yes  No

Details: \_\_\_\_\_

Have you ever had a previous motor vehicle accident?  Yes  No

Details: \_\_\_\_\_

**Answer the next three questions only if the driver is not the insured Person**

Was the vehicle being driven with the authority and permission of the person insured?  Yes  No

Do you own a vehicle of your own?  Yes  No

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Rego: \_\_\_\_\_

Have you ever been refused vehicle insurance or had a policy cancelled by an insurer?  Yes  No

Details: \_\_\_\_\_

**5. Accident**

**To be completed by the driver**

Exact time of the accident: \_\_\_\_\_ am/pm Day: \_\_\_\_\_ Date: \_\_\_\_\_

Why was the vehicle being used? \_\_\_\_\_

Journey was from: \_\_\_\_\_ to: \_\_\_\_\_

Where did the accident happen? \_\_\_\_\_

Describe in full how the accident occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 6. Sketch plan of the accident

Please indicate clearly

- direction and position of each vehicle before and after impact
- any traffic lights, stop or give way signs
- direction of north (if known)
- the point of impact (mark X)
- names of all streets

Driving conditions (tick the appropriate box(es) for each section)

Weather  fine  bright sun  overcast  fog  light rain  heavy rain

Road surface  sealed  slippery  metal  clay  good  wet

Lighting (scene of accident)  none  poor  good  excellent

Lighting (vehicle)  not on  park  dip  full

What was your speed?

\*prior to the accident \_\_\_\_\_ km/h    \*at impact \_\_\_\_\_ km/h    \*speed limit for the area \_\_\_\_\_ km/h

Was your vehicle on the correct side of the road?  Yes  No

If yes, how far from the kerb? \_\_\_\_\_ metres    If no, where was it? \_\_\_\_\_

## 7. Police involvement

Did a police officer attend the accident?  Yes  No **OR** were the police advised of the accident?  Yes  No

Name or number of the officer: \_\_\_\_\_

Station: \_\_\_\_\_ Event number: \_\_\_\_\_

Had the driver consumed any intoxicating liquor or taken any drugs within 12 hours of the accident?  Yes  No

Liquor / drug \_\_\_\_\_ Quantity: \_\_\_\_\_ Over what time period: \_\_\_\_\_

Was a breath or blood alcohol test taken after the accident?  Yes  No Result: \_\_\_\_\_

Did anyone get hurt in the accident?  Yes  No

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

Have the police laid or mentioned laying charges against you or the driver of your vehicle?  Yes  No

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

## 8. Other parties

Do you consider the accident to be your fault?  Yes  No

If no, why not? \_\_\_\_\_

In your opinion, what was the cause of the accident? \_\_\_\_\_

Name (owner of the other vehicle / property): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Details of the other vehicle

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Rego: \_\_\_\_\_

### Insurer of the other vehicle

Company: \_\_\_\_\_

Branch: \_\_\_\_\_ Claim number: \_\_\_\_\_

### Damage to other property (fences, clothing, poles etc)

Description of property: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Branch: \_\_\_\_\_

## Witness / passenger details

Own passengers

Yes  No

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Independent witnesses

Yes  No

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Please supply a copy of your drivers licence with your form (along with a copy of your supervisors licence if relevant)

- The issue of this form is not an admission of liability
- No liability is to be admitted to a third party, or offer made to compensate for damage or injuries
- No repairs are to be carried out without NAC Insurance's permission
- All communications should be forwarded to NAC Insurance immediately

## 9. Declaration

1) I declare on behalf of all insureds that:

- (a) All information given to NAC Insurance, a business division of IAG New Zealand Limited, in connection with this claim is true and correct; and
- (b) No relevant information has been omitted.

2) I agree that:

- (a) My personal information may be disclosed by NAC Insurance to, and/or obtained by NAC Insurance from:
  - i. members of the insurance industry and Insurance Claims Register Limited
  - ii. other relevant individuals and organisations to this claim, including but not limited to, repairers and parties with a financial interest in the subject matter of the policy.
- (b) NAC Insurance may move the vehicle to an appropriate location for examination and assessment.

Signature (insured person): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (driver): \_\_\_\_\_ Date: \_\_\_\_\_