

motor

**general motor vehicle claim form**

(Applicable for all vehicles including mobile plant)

**Insured details Full details of Insured/Owner**

Insured/owner:	
Policy No:	Expiry date: / /
Postal address:	Suburb/Town:
If company, contact name:	Position:
Telephone No: (h) (w)	(mob)
Email address:	Fax No:

**Vehicle details Full details of insured vehicle**

Year:	Make:	Model:	Reg No:		
Financially interested / leased:			Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, please give details: Company:					
Address:					
Type of vehicle:					
<input type="checkbox"/> Car	<input type="checkbox"/> Ute	<input type="checkbox"/> Van	<input type="checkbox"/> Mobile plant (including agricultural plant)	<input type="checkbox"/> Tractor unit	<input type="checkbox"/> Truck
If Truck, please indicate type of truck:					
<input type="checkbox"/> Concrete	<input type="checkbox"/> Logging	<input type="checkbox"/> Curtainsider	<input type="checkbox"/> Flat deck	<input type="checkbox"/> Tanker	
<input type="checkbox"/> Tipper	<input type="checkbox"/> Refrigerated	<input type="checkbox"/> Other (specify):			
What type of load were you carrying on this trip?					

**Trailer details Full details of insured trailer (if applicable)**

Year:	Make:	Reg No:		
Financially interested / leased:			Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please give details: Company:				
Address:				
Trailer:	<input type="checkbox"/> Full	<input type="checkbox"/> Semi	<input type="checkbox"/> B-Train	<input type="checkbox"/> Domestic
Type of trailer:				
<input type="checkbox"/> Concrete	<input type="checkbox"/> Logging	<input type="checkbox"/> Curtainsider	<input type="checkbox"/> Flat deck	<input type="checkbox"/> Tanker
<input type="checkbox"/> Tipper	<input type="checkbox"/> Refrigerated	<input type="checkbox"/> Other (specify):		
What type of load were you carrying on this trip?				

**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:	
New Zealand licence: Yes <input type="checkbox"/> No <input type="checkbox"/>	Years licenced:	Type: Learner <input type="checkbox"/> Restricted <input type="checkbox"/> Full <input type="checkbox"/>
Licence No:	Classes covered:	Expiry date: / /
Relationship to insured		
<input type="checkbox"/> Insured/Owner/Director	<input type="checkbox"/> Employee (full-time/part-time)	<input type="checkbox"/> Relative (specify):
<input type="checkbox"/> Employed by agency	<input type="checkbox"/> Relief/Casual driver	<input type="checkbox"/> Other (specify):
For what purpose was the insured vehicle being used? <input type="checkbox"/> Business <input type="checkbox"/> Private		
Was the insured vehicle used with the knowledge of Insured? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If No, please give details:		

**Driver details continued**

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:

Approximate date	Offence	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 full details:

Approximate date	Details
/ /	
/ /	
/ /	

**Accident/Loss details**

Location (street): \_\_\_\_\_ Suburb/town: \_\_\_\_\_

Date: / / Time: am/pm Day of week: \_\_\_\_\_

Speed (kmph) prior to braking: \_\_\_\_\_ Approximate speed (kmph) on impact: \_\_\_\_\_

Road surface:

Sealed  Unsealed  Dry  Wet

Weather conditions:

Fine  Raining  Strong winds  Overcast  Fog

Vehicle activity:

Collided with obstruction  Turning vs same direction  Reversing  Head on  Hit animal

Rear end  Damaged whilst parked  Lost control / left road  Cornering  Tipping

Overtaking / lane change  Right turn against traffic  Other (please specify): \_\_\_\_\_

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

If Yes, please give details:

---



---

Were your headlights switched on and functioning? Yes  No

Do you consider the other driver was responsible for the accident? Yes  No

If Yes, please give reasons:

---



---

Describe in detail how the accident occurred:

---



---



---

Details of damage or loss to insured vehicle (indicate where insured vehicle is damaged):

Frontal  Bonnet  Multiple sides  Rear  Driver's side

Windscreen/windowglass  Roof  Passenger's side  No damage

Other (please specify): \_\_\_\_\_

Where can the insured vehicle be inspected?

Have you sent it to be repaired? Yes  No

If Yes, please give name of repairer: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Have you obtained an estimate for repairs? Yes  No

If Yes, please advise amount of estimate: \_\_\_\_\_ Estimate \$ \_\_\_\_\_

Has \_\_\_\_\_ been contacted regarding the loss and/or have we been given the opportunity of appointing an independent assessor or loss adjuster (if required)? Yes  No

If Yes, please give details:

---



---

**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

**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:	Suburb/town:	
Contact telephone No: (h)	(w)	(mob)
Their insurance company:	Branch:	
Describe damage to other vehicle(s) or property:		
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:	Suburb/town:	
Contact telephone No: (h)	(w)	(mob)
Vehicle make:	Model:	Reg No:

**Police report**

Do the Police have knowledge of this incident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details: Name of officer:	Number:
Address of station:	
Did the Police attend the scene of the accident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did any driver undergo any test for alcohol or drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details:	
Name:	Address:
Name:	Address:
Have the Police issued a Notice of Intended Prosecution, or given any verbal warning?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, to whom and for what alleged offence?	
Name:	Offence:
Name:	Offence:

**Further required particulars**

Were there any passengers in insured vehicle?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Name	Address	Telephone No

**Witnesses**

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

Name	Address	Telephone No

**Pursuant to the Privacy Act 1993**

The following is brought to your attention:

- (a) This claim form collects personal information about you;
- (b) The information is collected to evaluate your claim;
- (c) The intended recipient of the information is :
- (d) The information is being collected and held by t
- (e) The collection of this information is required pursuant to the terms of your insurance policy;
- (f) The failure to provide this information may result in your claim being declined;
- (g) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

**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, \_\_\_\_\_ shall be entitled to submit the dispute to arbitration.

I/We authorise and request the New Zealand Police to release to \_\_\_\_\_ 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 \_\_\_\_\_ 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**

Signature Insured/owner:	Date: / /
If company, state position (i.e. CEO, manager etc.):	
Driver's signature (if different from above):	Date: / /