

VEHICLE ACCIDENT CLAIM FORM

1. Has the driver had any other accident, loss or claim in connection with any vehicle during the past five years? **YES/NO**

If Yes, please give details. Include date, circumstances of accident/loss.

2. Has the driver ever been charged or convicted of any criminal or motoring offence or received any traffic infringement notice? **YES/NO**

If Yes, please give all details. Include offence code.

3. Has the driver's licence been cancelled, suspended or endorsed at any time? **YES/NO**

If Yes, please give details. Include penalty points.

4. Has the driver had any condition which could affect their fitness as a driver, e.g. diabetes, epilepsy, heart conditions, Physical or mental illness or disability? **YES/NO**

If Yes, please give details below. Include daily dosage and the name of drugs.

5. Within 12 hours before the accident, had the driver

Consumed intoxicating liquor? **YES/NO** If yes, state quantity _____

Taken any drug? **YES/NO** If yes, state type and purpose _____

6. Since the accident has the driver

Undergone a breath test? **YES/NO** If Yes, indicate result _____

Undergone a blood test? **YES/NO** If yes, indicate official result _____

4. INSURED VEHICLE

Vehicle Registration Number: _____ Make/Model: _____ Year of manufacture: _____

Name and address of registered owner: _____

Light Vehicle (<3500kg) Hired / Loan Heavy Vehicle (>3500kg) Plant # _____

Is the vehicle the subject of any hire, lease or finance agreement including hire purchase? **YES/NO**

If Yes, please give name and address

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Has the vehicle been modified in any way? **YES/NO**

If Yes, please give details

5. ACCIDENT DETAILS

Date: _____ Day: _____ Time: _____ AM/PM

Street: _____ Suburb: _____ Town/City: _____

How did the accident occur? (Please provide a precise description)

What was the condition of the road / site? _____

What speed was the Vehicle doing at time of accident: _____

Estimate speed of the other party at time of accident: _____

Who do you consider at fault? Yourself / Other Party. If other party state why:

Where there any witnesses? If so please provide details:

6. POLICE

a) Was the accident reported to the police? **YES/NO?**

b) Did the police attend the scene of the accident? **YES/NO?**

If yes, name/number of officer: _____ Station: _____

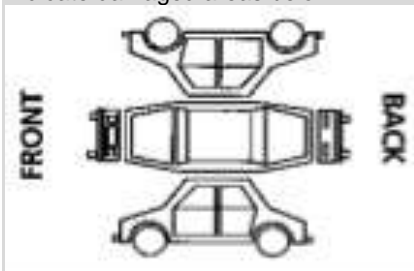
c) Police reference number: _____

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7. DAMAGE TO INSURED VEHICLE

Give particulars of damage and estimated cost of repairs (If known)

Indicate damaged areas below



Estimate cost of repairs \$ _____

Was there any unrepaired damage or rust in the vehicle immediately prior to the accident? **YES/NO**

If Yes, please advise where and what _____

Name and address of repairer: _____

Is the vehicle still in use? **YES/NO**

If No, where is the vehicle now? _____

Explanatory sketch: (please indicate the layout of road(s) and approximate measurements; names of street(s)/road(s); position of vehicles and persons involved; the direction in which vehicles were traveling; the registration marks of all vehicles, where known; any road markings, road signs, traffic lights, street lights, pedestrian crossings)

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8. PARTICULARS OF OTHER PARTIES INVOLVED

Name of Driver: _____

Address: _____

Licence No: _____ Type of Vehicle: _____

Registration No: _____ Name of Owner: _____

Owner's Address: _____ Phone No: _____

Their insurance Company: _____ Policy Number: _____

Description of their damage:

If more than one Third Party involved, please provide details on a separate piece of paper and attach to this form.

9. WITNESSES

Were there any witnesses? **YES/NO?**

If yes, please provide details:

Name: _____

Address: _____

Where was the witness at the time of the accident? _____

Name: _____

Address: _____

Where was the witness at the time of the accident? _____

Name: _____

Address: _____

Where was the witness at the time of the accident? _____

10. INDEMNITY REQUEST

Please deal with all claims arising from this accident on my/our behalf. I/we acknowledge that you have full discretion in conducting the defence or settlement of any claim and in prosecuting in my/our name any claim for indemnity or damages.

I/We agree that, if the policy covers the cost of repairs to the Insured vehicle, you may authorize these repairs on my/our behalf by the repairer named above, or by such other repairer to who the vehicle has been submitted with my/our permission; alternatively, you may move the vehicle to safe storage.

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11. DECLARATION/PRIVACY ACT 1993/ INSURANCE CLAIMS REGISTER

I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct.

I/We

- a) agree to give any further information that may be required;
- b) understand you require this personal information, which will be retained by you at 146 Somerfield Street, Christchurch before you can evaluate my/our claim;
- c) authorise the disclosure of this personal information regarding this claim to other parties;
- d) authorise the obtaining by you from any other party personal information about me/us that is in your view relevant to this claim;
- e) authorise the obtaining by you from Insurance Claims Register Limited (ICR Ltd), which holds details of claims made by me/us under policies with other insurers, personal information about me/us that is in your view relevant to this claim;
- f) authorise you to place details of this claim on the database of ICR Ltd, PO Box 474, Wellington, where it will be retained and be available to other insurance companies to inspect;
- g) understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by you and ICR Ltd.

The collection of this information is required under the terms of your policy. Failure to provide it may result in your claim being declined.

Signature of the Policyholder(s)

Date: ____ / ____ / ____

Signature of the driver or the person making the claim

Date: ____ / ____ / ____