

# Motor Vehicle Claim Form

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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: The Insurer named below (hereinafter called "The Company") and is being held by them at their office
- d) The collection of this information is required pursuant to the terms of your insurance policy;
- e) The failure to provide this information may result in your claim being declined;
- f) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

**\*PLEASE ENSURE ALL SECTIONS OF THE CLAIM FORM ARE COMPLETED IN FULL\***

A. POLICY HOLDER DETAILS
1. Name of Insured or Name of Company ..... 2. Postal Address: ..... 3. Contact Telephone No. (0 ) ..... Alternative Contact No. (0 ) ..... 4. Email Address: ..... 5. Name of Any Other Party with a Financial Interest in the Vehicle .....
B. DETAILS OF INSURED VEHICLE
1. Year ..... Make ..... Model ..... Reg. No ..... 2. Is the vehicle subject to hire purchase agreement, bill of sale or lien of any kind? Answer %Yes+or %No+ ..... 3. Has the vehicle or engine been modified from the maker's standard specifications? Answer %Yes+or %No+ ..... If %Yes+to either above, please provide details .....
C. DETAILS OF DRIVER OR PERSON IN CHARGE OF THE VEHICLE
1. Full Name (Mr/Miss/Ms/Mrs) ..... Date of Birth ..... 2. Home Address ..... Private Telephone ..... 3. Work Address ..... Work Telephone ..... 4. Licence Number ..... Learner <input type="checkbox"/> Restricted <input type="checkbox"/> Full <input type="checkbox"/> Date of Issue ..... 5. Country of Issue ..... Years Held ..... Licence Classes (please note) ..... Answer %Yes+or %No+and if "Yes, please give full details
a) Has the driver any motoring convictions or charges pending (Other than parking)? ..... b) Has the driver been involved in (i) any previous accident or (ii) suffered any losses during the past 5 years? ..... If %Yes+to (i) ..... (ii) ..... c) Did the driver consume any intoxicating liquor or take any drugs in the 12 hours prior to the accident? ..... If %Yes+quantity consumed? ..... Where? ..... d) Was the driver required to provide a breath and/or blood sample? .....



**G. LIABILITY FOR THE ACCIDENT**

1. Who do you consider to be to blame?  
 \_\_\_\_\_
2. What are your reasons?  
 \_\_\_\_\_
3. Did anyone admit liability? \_\_\_\_\_ . If **%es+who?**  
 \_\_\_\_\_
4. Did the Police attend the accident? \_\_\_\_\_ .. If **%es+please give officers name & number**  
 \_\_\_\_\_

**DECLARATION** . Note: Failure to provide full and truthful information could result in the claim being declined.

1. **I/We agree to The Company disclosing my/our personal information regarding this claim to:**
  - a) Other parties including other members of the Insurance Industry & the data base of the Insurance Claims Register (ICR Ltd) PO Box 474, Wellington, where it will be retained & made available to other insurance companies to inspect.
  - b) Parties who have a financial interest in the subject matter of the policy & parties repairing or replacing the subject matter of the claim.
  - c) I/We understand that I am/We are entitled to have certain rights of access to & correction of the personal information held by The Company and ICR Ltd.
2. **I/We agree to The Company obtaining personal information about me/us that is, in The Company's view, relevant to this claim.**
  - a) From any other party including other members of the Insurance Industry & from Insurance Claims Register Ltd (ICR Ltd) which holds details of claims made by me/us under policies with other insurers.

All the information & answers (whether written or oral) given to the Company in connection with this claim are correct & that no information relevant to the claim has been omitted. I/We authorise The Company to act on my/our behalf.

<b>Signed by Driver</b>	<b>Signed on behalf of all Insureds</b>	<b>Date</b>
_____	_____	_____

**Authority to make payments by Direct Credit**

If there are any payments to be made to you in settlement of this claim we can arrange for these to be made by direct credit, instead of having to wait for a cheque to be processed and then sent out and then cleared.

If you would like this to happen please either attach a copy of a deposit slip with this claim form or note the bank account details below.

Bank Account Number \_\_\_\_\_

\_\_\_\_\_

Name of Account Holder \_\_\_\_\_

Name of Bank and Branch \_\_\_\_\_