

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 Restricted Full 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?

D. DETAILS OF ACCIDENT

- 1. When did the accident happen? Day Date Time am/pm
- 2. Where did it happen? (street, city)
- 3. Reason for journey?
- 4. Describe in detail how the accident occurred

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

- 5. What were the weather conditions at the time? Rain Overcast Fog Bright Sun Clear Night
- 6. What were the road conditions at the time? Sealed Metal Wet Dry Ice
- 7. What speed was the insured vehicle travelling at before braking?

DETAILS OF OTHER PERSONS

Passengers in your vehicle: (if there is not enough room to list all passengers, please attach an additional list)

- 1. Name Telephone No.
Address
- 2. Name Telephone No.
Address


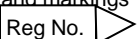
Independent Witnesses: (if there is not enough room to list all witnesses, please attach an additional list)

- 1. Name Telephone No.
Address

Driver/Owner of other vehicle of property damaged:

- Name Telephone No.
- Address
- Details of vehicle/property
- Registration No. Insurance Co.

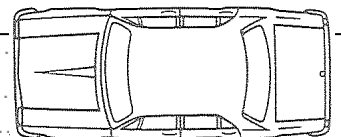
E. SKETCH PLAN OF SCENE OF ACCIDENT

- Indicate: 1. Layout of roads and road names 2. Road signs and markings 3. Position of vehicles at impact 4. Direction of travel
- 5. Identify your vehicle:  Other vehicle: 

F. DAMAGE TO THE INSURED VEHICLE

- 1. Please describe the damage to your vehicle and show it on the diagram to the right:

- 2. Did the vehicle need to be towed? Name of towing Co
- 3. Name of repairer Telephone No



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 "Yes" who?
.....
- 4. Did the Police attend the accident? If "Yes" please give officers name & number
.....

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

AUTHORISATION AND PRIVACY STATEMENT

By signing and submitting this form, and in order to proceed with this insurance cover, you are agreeing to the following authorisation and declaration statements:

- 1. You give authorisation to give to and obtain from other Insurance Companies, Insurance Brokers, the Insurance Claims Register Ltd or any other party any information relating to this or any other insurance held or previously held by you, and any claim(s) made by you, and any information you have provided now or previously for the purpose of payment.
- 2. Your personal information has been collected in order to evaluate your insurance requirements for the purpose of deciding whether to issue insurance cover and, if so, on what terms. Failure to provide any personal information requested may result in your application for insurance being declined.
- 3. Your personal information has also been collected in order to monitor and service your ongoing general insurance requirements, conduct market research, data processing and statistical analysis. Unless you advise that you disagree, the information you supply may also be used by other insurers and financially interested parties.
- 4. In accordance with the Privacy Act 2020, individuals have a right to request access to and correction of their personal information (a fee may be payable).

I have read and understood the authorisation statements

- Yes
- No

Signed on behalf of all Insureds Date

(If a company please state capacity)

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. 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 _____