

Motor Accident Claim Form

If you need any help with this form, please contact the nearest NZI Office or your insurance advisor.



- We recommend that you read the Claims section of your policy.
- Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A".
- You must not incur any expense (unless it is to minimise the loss), or admit fault, without our permission.
- **THE DRIVER OF THE VEHICLE (OR THE PERSON WHO WAS IN CHARGE) MUST SIGN PART L OF THIS FORM.**

Part A: THE INSURED

1. Name of Insured:
2. Postal Address:
3. Best contact Phone No: Best time to contact:
4. Alternative contact:

Part B: THE 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? Yes No
 3. Has the vehicle or engine been modified from the makers standard specifications? Yes No
- If you answer "Yes" to 2 or 3, please give details.....

Part C: DETAILS OF DRIVER OR PERSON IN CHARGE

1. What is the driver's Date of Birth? Female Male
2. Was the driver (or person in charge when the accident happened) the person shown under Part A? Yes No
If the answer is "Yes" please go straight to Part D. If the answer is "No" please answer questions 3 - 8
3. Full Name of Driver (or person in charge).....
4. Postal Address:
5. Best contact Phone No: Best time to contact:
6. Relationship to the Insured: Husband Wife Son Daughter Other (give details).....
7. Did the driver have the owner's permission to use the vehicle? Yes No
8. Does the driver have any motor vehicle insurance? Yes No

Part D: DRIVER'S HISTORY

1. Has the driver ever been refused vehicle insurance or had a policy cancelled or not renewed? Yes No
2. In the past 5 years has the driver:
 - (a) been involved in a motor accident? Yes No
 - (b) been convicted of a driving offence or issued with an offence or infringement notice (including speeding)? Yes No
 - (c) been disqualified from driving or had their licence endorsed cancelled or suspended? Yes No

If any answer is "Yes" please attach full details on a separate piece of paper

Part E: DRIVER'S LICENCE

- | | | |
|---------------------------------|--------------------------------|---|
| 1. Number..... | Classes (circle which applies) | Special Conditions (circle which applies) |
| 2. Type..... | A, B, C, D, E, F, | A, B, C, D, E, F, |
| 3. Date & Country of Issue..... | G, H, I, J, K, or L | G, H, I, J, K, or NIL |

Part F: DETAILS OF ACCIDENT

1. When did the accident happen? Day..... Date..... Time..... AM PM
2. Where did it happen? (show street and town).....
3. What was the vehicle being used for?.....
4. Please provide full details of your journey
5. Please give full details of what happened:

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

6. What were the weather conditions at the time? Rain Overcast Fog Bright Sun Clear Night
7. What were the road conditions at the time? Sealed Metal Wet Dry Ice
8. What speed was the insured vehicle travelling at before braking?.....
9. Did the driver consume or use any alcoholic liquor, drug or intoxicating substance in the 12 hours before the accident? Yes No
If "Yes": What?.....How Much?.....When?.....
10. Was the driver required to provide the Police with a breath and/or blood sample? Yes No

OFFICE USE: Policy No..... Branch.....

**PART G:
SKETCH
PLAN OF
ACCIDENT**

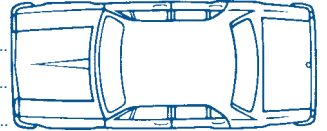
Please show any

- Street Names
- Road Markings
- Road Signs
- Traffic Signals
- Traffic Islands
- Distances from kerb
- Distances between vehicles
- Direction of Travel

**PART H:
DAMAGE
TO THE
INSURED
VEHICLE**

1. Please describe the damage to your vehicle, and show it on the diagram at the right

.....
.....



2. Did the vehicle need to be towed? Yes No Name of towing Company.....

3. Name of repairer..... Telephone.....

4. Address of repairer.....

5. When to be taken to the repairer?..... Repairer's Estimate \$.....

The repairer must contact us before repairs are started so that we can assess the damage and agree the costs

**PART I:
OTHER
VEHICLE OR
PROPERTY
DAMAGED**

1. Other vehicle owned/driven by..... Telephone.....

Address..... Insurer & Branch.....

Make, type & model of other vehicle..... Reg.No.....

Details of damage to other vehicle.....

2. Details of damage to other property.....

Owners name & Address..... Telephone.....

**PART J:
LIABILITY
FOR THE
ACCIDENT**

1. Who do you consider to be to blame?

2. What are your reasons?

3. Did anyone admit liability? Yes No If "Yes" who?

4. Did the police attend the accident? Yes No If "Yes" please give officers name & number.....

**PART K:
WITNESSES
TO THE
ACCIDENT**

Were there any witnesses? Yes No If 'Yes' please give details below.

1. Name..... Passenger Yes No

Address..... Telephone.....

2. Name..... Passenger Yes No

Address..... Telephone.....

**PART L:
DECLARATION
AND
SIGNATURE
Please read
and sign**

Note: If there is any information you cannot give to us now, please mark the question, and let us have it as soon as possible.

If there is not enough room on this form, please attach a separate sheet of paper. Is a separate sheet attached? Yes No

I declare that:

1. Material Facts:

(a) All information given to NZI in connection with this claim (whether oral or written) is true and correct;

(b) No information relevant to the claim is omitted;

2. Use of Information:

(a) My personal information collected by NZI in connection with this claim may be disclosed to:

(i) other members of the insurance industry and Insurance Claims Register Ltd;

(ii) parties repairing or replacing the subject matter of the claim;

(iii) parties who have a financial interest in the subject matter of the policy;

(b) My personal information held by any other parties in connection with this claim may be disclosed to NZI;

Please note:

• We gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you refuse to provide it, we may decline your claim.

• This information is held by us and you may access it. It may be passed onto other insurers you deal with, repairers and mortgagees etc.

• Your claims history is passed onto, and held by, Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.

Signed by Driver

Signed on behalf of all Insureds

Date