

MOTOR VEHICLE CLAIM ADVICE



- 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 M' OF THIS FORM.**

PART A: THE INSURED

Name _____

POSTAL ADDRESS

Number/Street _____

Suburb _____ Town/City _____

CONTACTS

Phone _____ Fax _____

Mobile _____ Email _____

PART B: THE INSURED VEHICLE

1. Year _____ Make _____ Model _____ Reg. No. _____

2. Is the vehicle subject to a finance arrangement of any kind? Yes No

If 'Yes', please give details

3. Has the vehicle or engine been modified from the maker's standard specifications? Yes No

If 'Yes', 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 'Yes', please go to Part D, If 'No' please answer questions 3–6

3. Full name of driver (or person in charge) _____

POSTAL ADDRESS

Number/Street _____

Suburb _____ Town/City _____

CONTACTS

Best contact phone number _____ Best time to contact _____

4. Relationship to the Insured: Husband Wife Son Daughter Other (give details) _____

5. Did the driver have the owner's permission to use the vehicle? Yes No

6. 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 five 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) does the insured confirm ownership? Yes No

If you answered 'Yes' to any of the questions above, please provide details below

PART E: DRIVER'S LICENCE

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

PART F: DETAILS OF ACCIDENT

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

- 5. Please provide 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 breaking? _____
- 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', please give details

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 Number _____ Branch _____

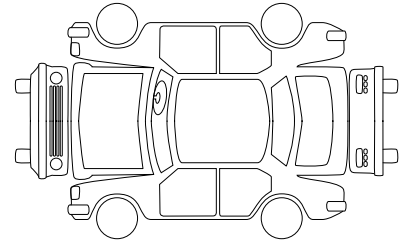
PART G: SKETCH PLAN OF ACCIDENT

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 _____



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 repairer _____ Repairer's estimate \$ _____

Contact your broker for your nearest NZI approved repairer.

PART I: OTHER VEHICLE OR PROPERTY DAMAGED

1. Other vehicle owned/driven by _____ Telephone _____

Address _____ Insurer and Branch _____

Make, type and model of other vehicle _____ Reg Number _____

Details of damage to other vehicle _____

2. Details of damage to other property _____

Owners name and 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 officer's name and 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 _____

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 document.

Is a separate document attached? Yes No

PART L: BANK ACCOUNT DETAILS

Bank Account:

PART M: DECLARATION AND SIGNATURE

I declare that:

- 1. MATERIAL FACTS** (a) All information given to NZI (whether verbal or written) is true and correct; (b) All material facts have been disclosed.
 - 2. TERMS OF POLICY** The terms of NZI's policy are accepted;
 - 3. USE OF INFORMATION** (a) My personal information collected by NZI may be:
 - (i) used by NZI to advise me of its other services;
 - (ii) disclosed to other members of the insurance industry and Insurance Claims Register Ltd., and to parties who have a financial interest in the subject matter of the policy;
 - (iii) disclosed to parties repairing or replacing the subject matter of the claim;
 (b) My personal information held by other members of the insurance industry and Insurance Claims Register Ltd., may be disclosed to NZI.
 - 4. AGENCY** Anyone who assists me to complete this Claim Form is acting as my agent only.
- Please note:**
- We gather information about you (including your claims history) to consider your application for insurance. If you refuse to provide it, we may decline your application.
 - This information is held by us and you may access it.
 - 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 THE DRIVER Signature _____ Date _____

ON BEHALF OF ALL APPLICANTS Signature _____ Date _____