

MOTOR VEHICLE CLAIM FORM

Insured name (include trading name)			
Branch			
Policy number		Due date	/ /
Insurance broker			

NOTES

- IT IS MOST IMPORTANT THAT ALL QUESTIONS ARE ANSWERED. IF NOT APPLICABLE, WRITE "N/A".
- The issue of this claim form is not an admission of liability by QBE.
- If there is insufficient space or further comment on any area is considered necessary, please use additional pages.

JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

DRIVER DETAILS

Name of driver		Date of Birth	/ /
Place of contact		Telephone number	(0)
E-mail			

Is the driver's licence current? Yes No

Is the licence a New Zealand driver's licence? Yes No

Period licence held for this type of vehicle Years Months

Type of licence Full Restricted Learner

If restricted or learner, please advise restrictions that apply

Licence number		Date of issue	/ /	Expiry date	/ /
----------------	--	---------------	-----	-------------	-----

Licence card version number (this is 5B on your driver's licence)

--

Has the driver's licence ever been endorsed or cancelled? Yes No

Has the driver been involved in previous accidents over the past 3 years? Yes No

Had the driver consumed any intoxicating liquor or taken any drugs during 12 hours prior to the accident? Yes No

If Yes to any of the last 3 questions, please give full details

If the driver was other than the Insured named above:

Was the vehicle being used with the Insured's knowledge and consent? Yes No

State relationship to Insured (eg wife, son, friend, employee, hirer etc)

--

Does the driver own his/her own vehicle? Yes No

If Yes, with whom is it insured?

	Branch	
--	--------	--

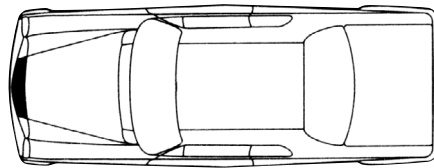
INSURED VEHICLE DETAILS

Make of vehicle	<input type="text"/>	Registration number	<input type="text"/>
Year of manufacture	<input type="text"/>	Date of expiry of Warrant of Fitness	<input type="text"/> / <input type="text"/> / <input type="text"/>
Issued by	<input type="text"/>		
Details of any financial agreement covering the vehicle	<input type="text"/>		
Details of any modification to the vehicle or engine	<input type="text"/>		

PARTICULARS OF DAMAGE TO INSURED'S VEHICLE

Where is the vehicle now?

Shade area damaged by accident



Name of repairer	<input type="text"/>		
Telephone number	<input type="text"/>		
Address	<input type="text"/>		
When taken	<input type="text"/> / <input type="text"/> / <input type="text"/>	Repairer's Estimate	\$ <input type="text"/>

USAGE

Journey from to

For what purpose was the vehicle being used?

PARTICULARS OF ACCIDENT

Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time	<input type="text"/>	am	<input type="text"/>	pm	<input type="text"/>		
Weather	<input type="text"/>	Road conditions	<input type="text"/>	Speed	<input type="text"/>	Km/h	<input type="text"/>	Mph	<input type="text"/>
Exact location of accident (street & town)	<input type="text"/>								
Describe fully how accident occurred	<input type="text"/>								
	<input type="text"/>								
	<input type="text"/>								
	<input type="text"/>								

SKETCH

Indicate road and street names, state distance from curbside

AT THE SCENE

Did a Police Officer attend the accident/incident? Yes No

If Yes, please state his/her name and where stationed

Was it alleged that anyone including the insured driver was under the influence of liquor or drugs? Yes No

If Yes, who?

Was a breathalyzer or blood test taken? Yes No

If Yes, what was the result?

Was a written statement made to the Police Officer? Yes No

RESPONSIBILITY FOR ACCIDENT

Do you consider yourself to blame? Yes No

If No, please advise name and address of person responsible and reasons why

DETAILS OF THE OTHER VEHICLE OR PROPERTY INVOLVED IN THE ACCIDENT

Owned by Telephone (0)

Address

Name of insurers Branch

Other driver's name Telephone (0)

Address

Make, type and model of other vehicle

Registration number

Particulars of damage to other vehicles

Particulars of damage to other property

NOTE: ALL WRITTEN COMMUNICATIONS FROM OTHER PARTIES MUST BE FORWARDED IMMEDIATELY TO QBE UNANSWERED.

WITNESSES

Give names, addresses and telephone numbers of any witnesses:

(1) Name Telephone (0)

Address

(2) Name Telephone (0)

Address

DECLARATION

I/WE DECLARE THAT:

- (a) The information and answers given above are correct to the best of our/my knowledge and belief. I/We have not withheld any information likely to affect QBE's consideration of the claim;
- (b) I/We understand that QBE requires this information (which will be retained by QBE) to evaluate the claim. I/We understand that the Privacy Act 1993 entitles me/us to have access to and request the correction of the information;
- (c) QBE is authorised to disclose information contained herein to QBE's advisors, reinsurers and to other insurers. I/We authorise QBE to obtain, from any other party, information that is, in QBE's view relevant to this claim.

Signature of driver

Date

Signature of Insured

Date