IBANZ
INSURANCE BROKERS ASSOCIATION OF NEW ZEALAND INC

MOTOR VEHICLE CLAIM FORM

N.B. This form must be completed by the driver.
Please answer all questions. If not applicable, please write N/A

Pursuant to the Privacy Act 1993 the following ins 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 head 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.

Claim No : ..... Policy No : .....

Insurance Coy : ..... Due Date : .....

Branch : ..... Excess : ..... Premium Paid : Y / N

1. POLICYHOLDER	**INSURED VEHICLE**
Surname of Insured: OR Name of Company:	MAKE:
First Names of Insured:	MODEL:
Address:	TYPE: (eg. Van, Car Artic, Flat-top etc.)
	YEAR: REG NO:
Contact Telephone numbers: (Home) (Business)	Has the vehicle been modified in any way:
Email:	Is the vehicle a used import: YES ☐ NO ☐
Name of any other party with financial interest in the vehicle:	Has the vehicle a current Certificate of Fitness: YES ☐ NO ☐
Is there any other insurance on the vehicle or accessories: YES ☐ NO ☐	

2. PERSON DRIVING OR IN CHARGE OF THE INSURED VEHICLE (to be completed, even if parked)	
Full Name (Mr/Mrs/Miss/Ms):	Address:
Date of Birth / /	Occupation:
Telephone No: H: B:	Relationship to policyholder:
Driver Licence No: Type: Year Held:	Date & Country of Issue:
Licence Classes: (Please List)	Licence Special Conditions: (Please List)
1. Was the vehicle being driven with the owner's consent?	YES ☐ NO ☐ IF "NO" PLEASE PROVIDE DETAIL .....
2. Is he/she the main driver of the Insured vehicle?	YES ☐ NO ☐ .....
3. If not the Policyholder do you own a vehicle? (name of insurance co)	YES ☐ NO ☐ IF "YES" PLEASE PROVIDE DETAIL .....
4. Did driver consume liquor and/or drugs (include. Medication) with in 24 hours prior to the accident?	YES ☐ NO ☐ .....
5. Did the Police attend?	YES ☐ NO ☐ .....
6. Was a breathalyzer, or blood test, or any other such test done?	YES ☐ NO ☐ .....
7. During the past 5 years, have you: (i) Been convicted of any offence other than parking (type and penalty)	YES ☐ NO ☐ .....
(ii) Had any other accident, loss of claim in connection with any motor vehicle (brief details of year/cost/insurance coy)	YES ☐ NO ☐ .....

3. DETAILS OF OTHER PERSONS

Passengers in your vehicle	Independent Witnesses
Name	Name .....
Address	Address .....
Telephone	Telephone .....
Name	Name .....
Address	Address .....
Telephone	Telephone .....

Driver/Owner of other vehicle or property

Name	Name .....
Address	Address .....
Telephone .....Insurance Coy	Telephone .....Insurance Coy .....
Details of vehicle /property	Details of vehicle /property .....
Registration Number	Registration Number .....

4. DETAILS OF LOSS OR ACCIDENT (Please continue on a separate sheet, if necessary)

Date ..... Time ..... am/pm (delete one)

Location (eg. Street) ..... Suburb or Town .....

Weather: Rain ☐ Overcast ☐ Fog ☐ Bright Sun ☐ Clear Night ☐

Road: Sealed ☐ Metal ☐ Wet ☐ Dry ☐

What speed limit was in force? 50 Km/hour ☐ 100 Km/hour Other ☐

What was your speed: Prior to braking ..... At impact .....

Please state reason for journey .....

Describe in detail how the accident occurred .....

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What, in your opinion, caused the accident .....

5. DAMAGE TO INSURED VEHICLE (NB: Do not proceed with repairs without the Company's authority)

Describe damage .....

Repairer ..... Telephone ..... Estimate $.....

If not at above, Date of repair ..... OR where can vehicle be inspected .....

6. SKETCH PLAN OF ACCIDENT (Please continue on a separate sheet, if necessary)

Indicate: Street names; direction of vehicles. Your vehicle ——————→ Other vehicle - - - - - - - - - - - - - - - →

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 and the data base of the Insurance Claims Register (ICR Ltd) P.O. Box 474, Wellington, where it will be retained and made available to other insurance companies to inspect.
   (b) Parties who have a financial interest in the subject matter of the policy and 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 and 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 and from Insurance Claims Register Ltd (ICR Ltd) which holds details of claims made by me/us under policies with other insurers.

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

Policyholder's signature ..... Date .....
(If a company, state capacity)

Driver's Signature ..... Date .....