



MOTOR VEHICLE CLAIM FORM

In this claim form we are collecting information to enable us to evaluate your claim. Under the Privacy Act 1993 we are required to inform you about certain rights and obligations relating to the information which we are collecting. This is in the declaration at the end of the form. We recommend that you read it before continuing.

- The issue of this form does not constitute an admission of liability and is issued without prejudice.
- Please return this form promptly and make sure that all questions are fully answered.
- No liability is to be admitted to a third party.
- No repairs are to be done without our permission.
- If you receive any communication in any way connected with the accident please forward to us immediately.

1. THE INSURED

Insured's Name (Company if applicable)

Address

Contact Name Tel No. Mobile

2. THE INSURED VEHICLE & TRAILER (if applicable)

Year	Make	Model	Body Type	Registration/Engine/Serial Number: etc

Is there any finance on the vehicle? YES / NO Financier.....

If the vehicle is a rental vehicle on a short term hire, please attach a copy of the rental agreement.

3. THE DRIVER (or person in charge of the vehicle at time of accident)

Drivers Full Name Date of Birth

Private Address.....

Telephone No. Private Business Mobile

Driving Licence No..... Licence Classes.....Expiry Date.....

Numbers of years licensed for **this class** of vehicle.....

Is the licence Full, Restricted or Learners?.....

Driver's relationship to Insured: Employee? YES / NO, or if other, please supply details.....

Was the Vehicle being driven with the Insured's consent? YES / NO

Were any alcohol or drugs consumed by the driver in the 12 hours prior to the accident? YES / NO

If "Yes", provide details

Was the driver required to undergo a breath analysis or blood test? YES / NO

If "Yes", what was the result of the reading?

Did the driver fail or refuse to undergo a breath analysis or blood test? YES / NO

Has the driver ever:

Been fined or convicted of speeding or other traffic offences (other than parking) in the last 5 years? YES / NO

Had a driving licence endorsed, suspended or cancelled? YES / NO

Been convicted with an alcohol offence, criminal offence or drug offence? YES / NO

Had any accidents, fire or lodged a claim in connection with a motor vehicle within the last 5 years? YES / NO

If "Yes" to any of the above 4 questions, please provide details

.....

4. THE OTHER VEHICLE OR PROPERTY INVOLVED

Year	Make	Model	Body Type	Rego No.	Colour

Owners Full Name Contact Phone Number(s)

Address

Owners Insurance Company Policy/Claim No

Describe damage done to the vehicle

Describe damage done to any other property (e.g. fence)

5. WITNESSES

Please provide Names, Addresses and Telephone numbers of any witnesses to the accident.....

.....

Were they a passenger in your vehicle? YES / NO If "No", where did they witness the accident from?.....

.....

6. DETAILS OF THE ACCIDENT

Date of Accident/...../..... Time am / pm

Place of Accident

At the time of the accident was your vehicle Stationary, Parked or Moving?

Just prior to impact what was the speed of a) your vehicle kph b) the other vehiclekph

How would you describe the conditions of the (please circle)

a) Weather:	Fine	Wet	Fog
b) Road:		Wet	Dry
c) Road surface:		Sealed	Unsealed

On what side of the road was your vehicle travelling

Describe how the accident happened

.....

.....

.....

.....

.....

.....

.....

Sketch Plan of Accident

1. Please make a rough plan of road showing distance and positions of all vehicles and persons concerned showing by arrows the direction in which they were travelling. Show road signs as applicable.
2. Your vehicle to be marked (A) and the other parties (B), (C) and so on, with point of compass shown.

Who do you consider responsible and why?

Was your Vehicle towed from the scene? YES / NO If "Yes" by whom

Is there any damage to your vehicle? YES / NO If "Yes" please describe the damage:

.....
.....

Name of repairer

Phone number of repairer When will it be taken to the repairer

7. POLICE ADVICE

Was the accident **attended by** the police? YES / NO

If yes, provide Name and Station of the attending officer & Police File No

.....

If not, was the accident **reported to** the Police? YES / NO

Is police action pending? YES / NO If "Yes" provide details

Who do the police consider responsible?.....

6. DECLARATION

I declare that:

1. All of the statements and information in this claim form are correct.
2. I have told Motor & General Underwriting Agency Ltd everything which may be relevant to this claim.
3. I understand that:
 - (a) I am required to co-operate with Motor & General Underwriting Agency Ltd and provide this information and if I do not, Motor & General Underwriting Agency Ltd may decline my claim.
 - (b) I have certain rights of access to and correction of the personal information provided by me on this claim form or in support of this claim subject to the provisions of the Privacy Act 1993. But if I do provide any incorrect information, Motor & General Underwriting Agency Ltd may be entitled to decline my claim whether or not it is later corrected.
4. I authorise Motor & General Underwriting Agency Ltd to obtain personal information about me from any other party and to release that information to other parties if requested.
5. I authorise Motor & General Underwriting Agency Ltd to obtain copies of my documents or information relating to this claim from the New Zealand Police.

Signature of **Driver** Signature of **Insured**

Date...../...../..... Date...../...../.....