Motor Vehicle **Claim advice form**



- If you supply any untrue or false information and know that it is not true NZI shall have the right to refuse the claim.
- 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.

P	art A: The insured							
Na	ame:		Policy number [
	ISTAL ADDRESS JIMber/Street:	Suburb:						
То	wn/City:				_ Pos	st code:	:	
	ONTACTS Ome phone:	Work phor	ne:					
	obile phone:							
P	art B: Bank account details							
lf y	your claim is accepted and you wish to be paid direct into you	our account, ple	ease fill out the	details k	elow	:		
Ва	ank Account:							
P	art C: The insured vehicle							
1.	Year: Make:	Model	:			Reg. N	lo.:	
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 stan	ndard specificati	ons?				Yes	No
	If 'Yes', please give details:							
4.	Is a special license endorsement (besides class 1) required to d	operate this veh	icle?				Yes	No _
	If 'Yes', please give details:							
5.	Is there any other insurance on the vehicle or accessories?						Yes	No
	If 'Yes', please give details:							
P	art D: Details of driver or person in charge	•						
1.	What is the driver's Date of Birth?					Fe	emale	Male
2.	Was the driver (or person in charge when the accident happen	ned) the person :	shown under Pa	rt A?			Yes	No _
	If 'Yes', please go to Part E, If 'No' please answer questions 3-	-6						
3.	Full name of driver (or person in charge)							
	STAL ADDRESS							
Nι	ımber/Street:	Suburb:						
То	wn/City:				_ Pos	st code:	:	
	NTACTS	Doot the co	to conto -t-					
D(est contact ph:	best time i	to contact:					

Motor Vehicle / Claim advice form



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				
7.	Does the insured confirm ownership?	Yes	No 🗌				
Pa	art E: 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) been disqualified from driving or had license endorsed, cancelled or suspended?	Yes	No				
If y	ou answered 'Yes' to any of the questions above, please provide details below:						
_							
-							
Pa	art F: Driver's licence						
Fu	Il name as it appears on driver's licence:						
Su	rname:						
Fire	st name(s):						
Da	te of birth (field 3 on licence): Licence issue date (field 4a):						
Lic	ence expiry date (field 4b):						
Fu	Il address as it appears on driver's licence (field 6):*						
*Th	nis field is optional and may be blank on your licence						
Dri	Driver's licence number (field 5a): Licence version number (field 5b):						
Lic	ence classes/endorsements: (field 7):						
Cla	asses/endorsements for conditions (field 9):						
Wa	as the driver licensed to drive this class of vehicle under the conditions endorsed?	Yes	No 🗌				
1.	Number: Classes: 1	4 5 5	or 6				
2.	Type: Licence Endorsements: P V I O D F R T	W	or NIL				
3.	Date and country of Issue:						



Part G: Details of accident

1.	. When did the accident happen? Day:	_ Date:		Time:	AM	PM
2.	2. Where did it happen? (street and town):					
3.	3. What was the vehicle being used for?					
4.	Please provide full details of your journey:					
5.	5. Please provide full details of what happened:					
lf th	f the insured vehicle was being driven when the accident happer	ned:				
6.	6. What were the weather conditions at the time? Rain	Overca	ast Fo	g Brigh	t Sun Clea	ar Night
7.	7. What were the road conditions at the time? Sealed] Me	etal We	et	Dry	Ice
8.	3. What speed was the insured vehicle travelling at before braki	ing?				
9.	Did the driver consume or use any alcoholic liquor, drug or in the accident?	ntoxicating su	ubstance in the 12	2 hours before	Yes	No
	If 'Yes', please give details:					
	What: How much: _			When:		
10.	0. Was the driver required to provide the Police with a breath ar	nd/or blood s	sample?		Yes	No
Pa	Part H: Sketch plan of accident					
Ple	Please attach a sketch to show any:					
)	Street namesDistances from kerbRoad markingsRoad signs)	Traffic signals Traffic islands	*	Distances between Direction of travel	n vehicles
Pa	Part I: Damage to the insured vehicle					
1.	. Please describe the damage to your vehicle and show it on t	the diagram:		FRONT		REAR
2.				d o		
	Name of towing company:					
3.	3. Name of repairer:	Te	elephone:			
4.	Address of repairer:					
5.	5. When to be taken to repairer:	R	epairer's estimate	s \$		

Contact your broker for your nearest NZI approved repairer.



Part J: Other vehicle or property damaged

1.	Other vehicle owned/driven by:	Т	elephone:		
	Address:				
	Other vehicle: Make: Model:		Reg. No.: _		
	Details of damage to other vehicle:				
2.	Details of damage to other property:				
	Owners name and address:				
		Т	elephone:		
Pa	art K: Liability for the accident				
1.	Did anyone get hurt in the accident?			Yes	No
	If 'Yes', can you please advise who, their relationship to the driver and	known extent of the injuries		_	
3.	Who do you consider to be to blame?				
3.	What are your reasons?				
4.	Did anyone admit liability?			Yes	No 🗌
	If 'Yes', who:				
5.	Did the police attend the accident?			Yes	No
	If 'Yes', please give officer's name and number:				
6.	Have the police laid or mentioned laying charges against the driver of y	our vehicle?		Yes	No _
	If 'Yes', do you know what the charges are likely to be?				
Pa	art L: Witnesses to the accident				
We	re there any witnesses?			Yes	No 🗌
lf '	∕es', please give details below:				
1.	Name:		Passenger:	Yes	No
	Address:	Telephone:			
2.	Name:		Passenger:	Yes	No 🗌
	Address:	Telephone:			
	te: if there is any information you cannot give to us now, please mark though room on this form, please attach a separate document.	e question and let us have	it as soon as po	ssible. If there is	not
	separate document attached?			Yes	No



Part M: Declaration and signature

I declare that:

1.	AUTHORISE NZI TO	O MOVE THE VEHICLE 1	O A CLAIMS ASSESSING	CENTRE FOR EXAMINATION A	AND ASSESSMENT
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- 2. MATERIAL FACTS
- (a) All information given to NZI, a business division of IAG New Zealand Ltd, in connection with this claim (whether oral or written) is true and correct;
- (b) No information relevant to the claim is omitted.
- 3. USE OF INFORMATION
- (a) My personal information collected by NZI in connection with this claim may be:
- (i) disclosed to other members of the insurance industry and Insurance Claims Register Limited;
- (ii) disclosed to parties repairing or replacing the subject matter of the claim;
- (iii) disclosed to parties who have a financial interest in the subject matter of the policy;
- (iv) used by NZI to advise me of its other services
- (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 do not to provide it, or if you provide any false or untrue information, we may decline your claim.
- Your claims history is passed onto, and held by, Insurance Claims Register Limited. This enables other insurers you deal with to access it, and prevents fraudulent claims.

SIGNED BY THE DRIVER	Signature	Date
SIGNED ON BEHALF OF ALL INSURED'S	Signature	Date



We are a member of the Insurance Council of NZ and adhere to the Fair Insurance Code. Further information on the Fair Insurance Code can be found at www.icnz.org.nz