

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 2020 the following is brought to your attention:

- (a) This form collects personal information about you to assess your claim;
- (b) Information may also be collected from insurers, brokers, and other parties;
- (c) The information may be received and held Primesure and the Insurer named below (hereinafter called "the Company")

- (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 2020.

Claim No: _____ Policy No: _____
Insurance Coy: _____ Due Date: _____
Branch: _____ Excess: _____

Premium Paid:
Yes ☐ No ☐

1. POLICYHOLDER

Full name of Insured: _____
OR Name of Company: _____
Address: _____
Ph Home: _____
Bus: _____
Email: _____
Name of any other party with financial interest in the vehicle: _____

INSURED VEHICLE

MAKE: _____
MODEL: _____
TYPE: (eg. Van, Car Artic, Flat-top etc.) _____
YEAR: _____ REG NO: _____
Has the vehicle been modified in any way: _____
Is the vehicle a used import: Yes ☐ No ☐
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: _____
Ph Home: _____ Bus: _____ Relationship to policyholder: _____
Driver Licence No: _____ Type: _____ Date & Country of Issue: _____ Year Held: _____
Licence Classes: (Please List) _____ Licence Special Conditions: (Please List) _____

1. Was the vehicle being driven with the owner's consent?
2. Is he/she the main driver of the Insured vehicle?

If 'No' Please Provide Details

Yes ☐ No ☐
Yes ☐ No ☐

3. If not the Policyholder do you own a vehicle? (name of insurance co)
4. Did driver consume liquor and/or drugs (include. Medication) within 24 hours prior to the accident?
5. Did the Police attend? If yes incident report #
6. Was a breathalyser, or blood test, or any other such test done?
7. During the past 5 years, have you:
 - (i) Been convicted of any offence other than parking (type and penalty)
 - (ii) Had any other accident, loss of claim in connection with any motor vehicle (brief details of year/cost/insurance coy)

If 'Yes' Please Provide Details

Yes ☐ No ☐
Yes ☐ No ☐
Yes ☐ No ☐
Yes ☐ No ☐
Yes ☐ No ☐
Yes ☐ No ☐

Additional details for questions 2.1 - 2.7: _____

3. DETAILS OF OTHER PERSONS

Passengers in your vehicle

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

Independent Witnesses

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

Driver/Owner of Other Vehicle or Property

Name: _____
Address: _____
Phone: _____
Details of Vehicle / Property: _____
REG NO: _____

Name: _____
Address: _____
Phone: _____
Details of Vehicle / Property: _____
REG NO: _____

4. DETAILS OF THE LOSS OR ACCIDENT (Please use the Sketch Plan Of The Accident on the final page of this form)

Date: ____ / ____ / ____ Time: _____ am/pm

Location (e.g. Address): _____ Suburb or Town: _____

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

Road Conditions: Sealed ☐ Metal ☐ Wet ☐ Dry ☐

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

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

Please state reason for journey: _____

Describe in detail how the accident occurred _____

What, in your opinion, caused the accident: _____

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

Describe damage: _____

Repairer: _____ Phone: _____ Estimate: \$ _____

If not at above, Date of Repair: ____ / ____ / ____ OR where can vehicle be inspected: _____

6. INJURY OR CHARGES

Did anyone get hurt in the accident? Yes ☐ No ☐

If yes, please advise who and their relationship to the driver and known extent of the injuries _____

Have the Police laid or mentioned laying charges against the driver of your vehicle? Yes ☐ No ☐

If yes, do you know what the charges are likely to be _____

SKETCH PLAN OF THE ACCIDENT

Please complete the sketch below. If a sketch is not relevant to your claim, write N/A.

Indicate: Street names; direction of vehicle travel etc 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 Primesure Insurance Brokers Limited and 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) 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 Primesure Insurance Brokers Limited, The Company and ICR Ltd.
- 2) **I/We agree to Primesure Insurance Brokers Ltd and 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.

Further information about how Primesure handles personal information is available in its **Privacy Statement** at primesure.co.nz/privacy.

To the best of my knowledge 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.

Policyholder's Signature: _____
(If company, state capacity)

Date: / /

Driver's Signature: _____

Date / /