

Motor Vehicle Claim Form

Email application to insurance@hazlett.nz or call 03 358 7246 to discuss.



Personal Commercial Loss Type

Insurance Company

Policy No.

Due Date

PURSUANT TO THE PRIVACY ACT 2020 THE FOLLOWING IS BROUGHT TO YOUR ATTENTION

- This claim form collects personal information about you
- The information is collected to evaluate your claim
- The intended recipient of the information is the insurer named on your policy, herein after called ("the Company")
- The collection of this information is required pursuant to the terms of your insurance policy
- The failure to provide this information may result in your claim being declined
- You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 2020

POLICY HOLDER

Surname of the Insured or name of company

First name(s) of Insured (Mr/Mrs/Miss/Ms)

Physical address

Home telephone

Mobile telephone

Email address

Name of any other party with financial interest in the vehicle:

Is there any other insurance on the vehicle or accessories? Y N

VEHICLE

Make & model of vehicle

Year

Registration number

Has the vehicle a current Warrant/Certificate of Fitness? Y N

Has the vehicle been modified in any way? Y N

If yes, please give details:

PERSON DRIVING OR IN CHARGE OF THE INSURED VEHICLE (To be completed even if parked)

Full legal name

Date of birth

Physical Address

Home telephone

Mobile telephone

Occupation

Relationship to policy holder

Driver Licence number

Version

Expiry date

Endorsements/Classes

Licence type: Full Restricted Learners

Country of issue

Date of issue



Was the vehicle being driven with the owner's consent? Y N

If **no**, please give details

Did the driver consume liquor and/or drugs (including medication) within 12 hours prior to the accident? Y N

If **yes**, please give details

Did the Police attend? Y N If **yes**, Police File No.

Was a breathalyser or blood test, or any other such test completed? Y N

If **yes**, please give details

During the past 5 years, have you:

i. Been convicted of any offence other than parking? Y N

If **yes**, provide details of type and penalty

ii. Had any other accident, loss or claim in connection with any motor vehicle? Y N

If **yes**, please provide brief details of year, cost and insurance company

DETAILS OF LOSS OR ACCIDENT Please continue on a separate sheet if necessary

Date	Time	
Location (eg street)	Suburb or town	
Weather condition	Road type	
What speed limit was in force?	What was your speed prior to braking?	At impact?
Please state reason for journey		
Describe in detail how the accident occurred - use a separate sheet if necessary		

SKETCH PLAN OF ACCIDENT

Please continue on a separate sheet, if necessary. Indicate street names, direction of vehicles



Do you consider anyone else to be at fault for the accident? Y N Please give your reasons

Did anyone get hurt in the accident? Y N

If **yes**, can you 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? Y N

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

Were there any independent witnesses to the incident? Y N

If **yes**, please provide details

DAMAGE TO INSURED VEHICLE **NB** Do not proceed with repairs without the Company's authority

Describe damage

Name of repairer/panelbeater

Telephone number

Have you obtained an estimate for repairs? Y N

Amount of estimate obtained

DETAILS OF DRIVERS/OWNERS OF OTHER VEHICLES OR PROPERTY

Driver

Owner

Address

Make/model of vehicle

Registration Number

Telephone number

Damage to vehicle

Insurance company

DECLARATION

TO BE SIGNED BY BOTH POLICY HOLDER AND DRIVER

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 database of the Insurance Claims Register Ltd (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 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. Including from any other party, other members of the Insurance Industry and from Insurance Claims Register Ltd (ICR Ltd) which holds details of claims made by me/us under the policies with other insurers.

Policyholder's signature/signed on behalf of all Insured

Date

Driver's signature

Date