



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

Insureds Name (Company if applicable)

Address

Contact NameTel No. Mobile

2. THE INSURED VEHICLE & TRAILER (if applicable)

Year	Make	Model	Body Type	Registration No or Engine/Serial Number: etc

When was the Vehicle(s) purchased? Purchase Price \$.....

Financier

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 (to be produced) Licence No. Licence Classes Issued By

On Current to Numbers of years licensed for this class of vehicle.....

Is the licence Provisional or Full?

Was the driver the owner of the Vehicle? YES / NO If "No",

A) Was the Vehicle being driven with the owner's consent?

B) Relationship to owner: Employee? YES / NO, or if other please supply details.....

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) within the last 5 years? YES / NO
 Had a driving licence endorsed, suspended or cancelled? YES / NO
 Had an insurance declined or cancelled, or a renewal refused? 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 5 questions, please provide details

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4. THE OTHER VEHICLE OR PROPERTY INVOLVED

Year	Make	Model	Body Type	Regd No.	Colour

Owners Full NameContact 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. 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
 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 in your own words 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

Please describe the damage to your vehicle

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Name of repairer

Phone number of repairer When to be taken to the repairer

6. POLICE ADVICE AND WITNESS

Was the accident attended by the police?

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

If not, was the accident reported to the Police?

If so, provide Name, Station of the officer & Police File No

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

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

Please provide Names, Addresses and Telephone numbers of any witnesses

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7. 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.

Please attach copy of drivers licence.

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

Date Date