

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 1993 the following ins 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 below (hereinafter called "the Company") and is being held by them at their head office
- 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 1993.

		Subject to the pi	TOVISIONS OF THE FINA	10y /10t 1000.				
Claim No	:	Policy No :						
Insurance Coy	:	Due Date :						
Branch	·	Excess :			Premium Paid	l: Y/N		
1. POLICYHOLDE	R		INSURED VEHICLE					
Surname of Insure OR Name of Comp			MAKE:					
First Names of Insured:								
Address:			MODEL: TYPE: (eg. Van, Car Artic, Flat-top etc.)					
Contact Telephone numbers: (Home) (Business)			YEAR: REG NO:					
Email:			Has the vehicle been modified in any way:					
Name of any other party with financial interest in the vehicle:			Is the vehicle a used import: YES NO					
Is there any other insurance on the vehicle or accessories: YES NO NO		Has the vehicle a current Certificate of Fitness: YES NO						
2. PERSON DRIVI	NG OR IN CHARGE OF THE INSU	RED VEHICLE (to	be completed,	even if parked)				
Full Name (Mr/Mrs	/Miss/Ms):		Address:					
Date of Birth /	1		Occupation:					
Telephone No: H:	B:		Relationship to	policyholder:				
Driver Licence No:	Type:	Year Held:	Date & Country	y of Issue:				
Licence Classes: (Please List)		Licence Specia	al Conditions: (Pleas	se List)			
Was the vehicle being driven with the owner's consent?			YES 🗆	NO 🗆	<u>IF "NO" PL</u>	IF "NO" PLEASE PROVIDE DETAIL		
2. Is he/she the ma	ain driver of the Insured vehicle?		YES□	NO□				
3. If not the Policyholder do you own a vehicle? (name of insurance co)			YES□	NO 🗆	IF "YES" PLEASE PROVIDE DETAIL			
4. Did driver consu 24 hours prior to th	me liquor and/or drugs (include. Me ne accident?	edication) with in	YES□	NO□				
5. Did the Police at	ttend?		YES□	NO 🗆	<u></u>			
6. Was a breathaly	zer, or blood test, or any other such	test done?	YES□	NO□				
7. During the past	5 years, have you:							
(i) Been convicted of any offence other than parking (type and penalty)			YES 🗌	NO 🗆	<u></u>		<u>,</u>	
	accident, loss of claim in connection s of year/cost/insurance coy)	with any motor	YES□	NO 🗆				

3. DETAILS OF OTHER PERSONS										
Passengers	s in your vehicle		Independent Witnesses							
Name			Name							
Address										
Telephone			•							
Name Address										
Telephone										
Driver/Owner of other vehicle of	r property									
None			Mana							
Name Address										
Telephone				Insurance Coy						
Details of vehicle /property			Details of vehicle /property							
Registration Number			Registration Number							
4. DETAILS OF LOSS OR ACCI	DENT (Please contin	ue on a separate	sheet, if necessary)							
Date			. Time		am/pm (delete one)					
Location (eg. Street)			Suburb or Town							
Weather:	Rain 🗌	Overcast	Fog	Bright Sun 🗌	Clear Night 🗌					
	Sealed \square	Metal \square	Wet \square	Dry □	5.53m · mg·m <u>—</u>					
Road:	Sealeu 🗀	ivietai 🗀		DIy □						
What speed limit was in force?			50 Km/hour	100 Km/hour	Other 🗀					
What was your speed: Prior to bra	aking		At impact .							
Please state reason for journey										
Describe in detail how the accide	nt occurred									
What, in your opinion, caused the										
5. DAMAGE TO INSURED VEHI										
		·								
Describe damage										
			Telephone Estimate \$							
If not at above, Date of repair 6. SKETCH PLAN OF ACCIDEN				e inspected						
6. SKETCH PLAN OF ACCIDEN	(Please continue or	i a separate sneet	, ii necessary)							
Indicate: Street names;	direction of vehicles.	Your vehicle		ther vehicle						
DECLARATION: Note: Failure to	provide full and truth	ful information cou	ld result in the Claim being	declined.						
1. I/We agree to The Company di										
 (a) Other parties including other and made available to other 			e data base of the Insurance C	laims Register (ICR Ltd), when	re it will be retained					
(b) Parties who have a financia	al interest in the subject r	matter of the policy a								
(c) I/We understand that I am/\ Ltd.	We are entitled to have o	certain rights of acces	ss to and correction of the per	sonal information held by The (Company and ICR					
2. I/We agree to The Company of				iew, relevant to this claim. egister Ltd (ICR Ltd) which hol	de detaile of claime					
made by me/us under polic	ies with other insurers.	·		, ,						
All the information and answers (whethas been omitted. O/We authorize Th			connection with this claim are	correct and that no information	n relevant to the claim					
	, . ,									
Policyholder's signature(If a c	 company, state capacity)		Date							
(11 4 6	, state oapaoity)									
Driver's Signature			Date							