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| Pursuant to the Privacy Act 1993 the following is brought to your attention.1. This claim form collects personal information about your claim;
2. The information is collected to evaluate your claim;
3. The intended recipient of the information is: The Insurer named below (Hererinafter called “the company”) and BrokerWeb Risk Services Ltd (Hereinafter called BWRS) and is being held by them at their offices.
 | 1. The collection of this information is required pursuant to the terms of your insurance policy;
2. The failure to provide this information may result in your claim being declined;
3. You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.
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| Policy Number: | Click here to enter text. | Insurance Company: | Click here to enter text. |

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| POLICYHOLDER DETAILS |
| Full name: (Company name if applicable) | Click here to enter text. |
| Address: | Click here to enter text. |
| Contact phone numbers: (home) | Click here to enter text. | (Business) | Click here to enter text. |
| Email: | Click here to enter text. | Bank Acc Details: | Click here to enter text. |
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| INSURED VEHICLE |
| Year: | Click here to enter text. | Rego: | Click here to enter text. |
| Make: | Click here to enter text. | Model: | Click here to enter text. |
| Has the vehicle been modified in any way? (If yes, please provide details) | Click here to enter text. |
| Click here to enter text. |
| Name of any other party with financial interest in the vehicle: | Click here to enter text. |
| Is there any other insurance on the vehicle or accessories? | [ ] Yes / [ ] No |
| Does the vehicle have a current Warrant/Certificate of Fitness?  | [ ] Yes / [ ] No |
| DRIVER DETAILS (or person in charge of the insured vehicle, to be completed, even if parked) |
| Full Name: | [ ] Mr [ ] Mrs [ ] Miss [ ] Ms [ ] Dr | Click here to enter text. |
| Private address: | Click here to enter text. |
| Date of Birth: | Click here to enter a date. | Occupation: | Click here to enter text. |
| Telephone: Private No: | Click here to enter text. | Business: | Click here to enter text. |
| Driver Licence No: | Click here to enter text. | Version Number: | Click here to enter text. |
| Licence Type: | [ ] Full / [ ] Restricted / [ ] Learners  | No of yrs licence held: | Click here to enter text. |
| Licence Classes: | Click here to enter text. | Special Conditions: | Click here to enter text. |
| Drivers relationship to Policyholder: | Click here to enter text. |
| Was the vehicle being driven with the owners consent? | (If no, please provide details) [ ] Yes / [ ] No |
| Click here to enter text. |
| Are you the main driver of the vehicle? | [ ] Yes / [ ] No |
| If not the Policyholder/s, do you have Motor Vehicle Insurance? | (If yes, please provide details) [ ] Yes / [ ] No  |
| Click here to enter text. |
| During the past 5 years, have you: (if you answer yes to any of the following questions, please provide details) |
| Been in involved in a motor accident? |  | [ ] Yes / [ ] No |
| Click here to enter text. |
| Click here to enter text. |
| Been convicted of any offence other than parking? |  | [ ] Yes / [ ] No |
| Click here to enter text. |
| Click here to enter text. |
| Been disqualified from driving or had license cancelled or suspended? | [ ] Yes / [ ] No |
| Click here to enter text. |
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| DETAILS OF ACCIDENT |
| Date of accident: | Click here to enter a date. | Time: | Click here to enter text. | [ ] AM [ ] PM |
| Location: (street & town) | Click here to enter text. |
| Click here to enter text. |
| Weather conditions: | [ ] Bright Sun [ ] Overcast [ ] Rain [ ] Fog [ ] Clear Night |
| Road Conditions: | [ ]  Sealed [ ]  Metal [ ]  Wet [ ]  Dry Ice  |
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| What speed limit was in force? | Click here to enter text. |
| What was your speed prior to breaking? | Click here to enter text. |
| Please state reason for journey: | Click here to enter text. |
| Please provide full details of accident: | Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Who do you consider to be at fault? |  |
| Did anyone get hurt in the accident? | (If yes, can you please advise who and their relationship to the driver and known extent of injuries):  | [ ] Yes / [ ] No |
| Did the Police attend? | (If yes, please provide incident reference) [ ] Yes / [ ] No |
| Have the Police laid or mentioned laying charges against the driver of your vehicle? | (If yes, do you know what the charges are likely to be?) |  [ ] Yes / [ ] No |
| Did the driver consume liquor and/or drugs within 12 hours prior to the accident? | (If yes, please provide details) [ ] Yes / [ ] No |
| Was a breathalyzer or blood test done? | (If yes, please provide details) [ ] Yes / [ ] No |
| DAMAGE TO INSURED VEHICLE | SKETCH PLAN OF ACCIDENT |
| Please describe damage to your vehicle & show on diagram:  |  |
| Click here to enter text. |
|  | Have you obtaineda quote? |
| [ ] Yes / [ ] No |
| Repairer: |
| Click here to enter text. |
| Repair estimate: |
| $ Click here to enter text. |
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| OTHER VEHICLE OR PROPERTY DAMAGED |
| Driver/Owner of vehicle or property: | Click here to enter text. |
| Address: | Click here to enter text. |
| Contact Number: | Click here to enter text. | Insurance Company: | Click here to enter text. |
| Details of Vehicle/property: | Click here to enter text. | Rego No: | Click here to enter text. |
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| PASSENGERS IN YOUR VEHICLE OR INDEPENDENT WITNESS |
| Name: | Click here to enter text. | Contact No: | Click here to enter text. |
| Address: | Click here to enter text. | [ ] Passenger / [ ] Witness |
| Name: | Click here to enter text. | Contact No: | Click here to enter text. |
| Address: | Click here to enter text. | [ ] Passenger / [ ] Witness |
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**DECLARATION:** Note failure to provide full and truthful information could result in the claim being declined.

### I/We agree to BWRS/The Company disclosing my/our personal information regarding this claim to:

1. where it will be Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICR Ltd) PO Box 474, Wellington, retained and made available to other insurance companies to inspect.
2. Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.
3. I/We understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by BWRS/The Company & ICR Ltd

### I/We agree to BWRS/The Company obtaining personal information about me/us that is, in BWRS’s view, relevant to this claim.

1. From any other party including other members of the Insurance Industry and from ICR Ltd which holds details of claims made by me/us under policies with other insurers. All the information and answers (whether written or oral) given to BWRS/The Company in connection with this claim are correct and that no information relevant to the claim has been omitted. I/We authorize BWRS/The Company to act on my/our behalf.

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| Drivers Signature: | Click here to enter text. | Date: | Click here to enter a date. |
| Policyholders Signature: |  | Date: | Click here to enter a date. |

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