MOTOR VEHICLE claim form



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NB: This form must be completed by the driver. Please answer all questions. If not applicable, please write N/A.

THE PRIVACY ACT 1993

This claim form collects personal information for the purpose of evaluating your claim in accordance with the terms of your policy. Failure to provide correct and complete information may result in your claim being declined. The information will be held by Classic Cover Insurance Ltd, PO Box 12-129 Penrose, Auckland and will be passed to your insurer. Individuals have the right to request access to and correction of their personal information.

01 POLICY HOLDER

First name(s) of Insured

Surname of Insured or name of company

Is there any other insurance on the vehicle or accessories? Y INSURED VEHICLE Make

Address Address Year Year Year Nobile telephone Mobile telephone Mobile telephone Email address Sthe vehicle a used import?				
Year Registration number Home telephone Business telephone Mobile telephone Has the vehicle been modified in any way? Year Year		Model		
Home telephone Business telephone Has the vehicle been modified in any way? Y If yes , please give details:	Address			
Mobile telephone		Year Registration number		
Empil address	Home telephone Business telephone	0 0		
Email address Is the vehicle a used import? Y	Mobile telephone			
Email address Is the vehicle a used import?				
	Email address	Is the vehicle a used import?		
Has the vehicle a current Warrant/Certificate of Fitness?		Has the vehicle a current Warrant/Certificate of Fitness? Y		
Name of any other party with financial interest in the vehicle:	Name of any other party with financial interest in the vehicle:			

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

Full name: (Mr/Mrs/Miss/Ms)		Was the vehicle being driven with the owner's consent? Y N If no , please give details:
Date of birth		
A -1-1		Is he/she the main driver of the Insured vehicle? Y N If no , please give details:
Address		
		If not the Policyholder, do you own a vehicle? Y N If yes , name of Insurance Company:
Home telephone	Business telephone	Did the driver consume liquor and/or drugs (including medication) within 24 hours prior to the accident? Y N Did the Police attend? Y N
Occupation		If yes , Police File No.:
Relationship to Policyholder		Was a breathalyser or blood test, or any other such test done? Y N During the past 5 years, have you:
Driver licence number		i Been convicted of any offence other than parking? Y N If yes , type and penalty:
Licence type: Full Restricted Learr Date and country of issue	ners Licence version	ii Had any other accident, loss or claim in connection with any motor vehicle? Y N If yes , brief details of year/cost/Insurance co:

03 DETAILS OF OTHER PASSENGERS IN YOUR VEHICLE

Name	Telephone
Address	
Name	Telephone
Address	

04 DETAILS OF INDEPENDENT WITNESSES

Name	Telephone
Address	
Name	Telephone
Address	

05	DETAILS OF DRIVERS/OWNERS OF OT OR PROPERTY	HER VEHICLES	Registration number	Telephone numbe	er	
	Driver Owner		Damage to vehicle			
	Address					
			Insurance Company			
	Make/model of vehicle					
06	DETAILS OF LOSS OR ACCIDENT		Please state reason for journey			
00	Please continue on a separate sheet if necessary					
	Date Time am/pm (circle one)		Describe in detail how the accident occured – use a separate sheet			
	Location (e.g. Street) Suburb or Town		if necessary			
	Weather					
	Rain Overcast Bright sun Road	Clear night Fog				
	Sealed Metal Wet	Dry				
	What speed limit was in force? 50km/h 70km/h 100km/h	Other, detail	Do you consider the other driver responsible for the accident?			
		npact?				
	At in	npact:				
	Did anyone get hurt in the accident?	YN	Have the police laid or mention lay the driver of your vehicle?	ing charges against	Y N	
	If yes, can you please advise who and their relation driver and known extent of the injuries.	onship with the	If yes, do you know what the charges are likely to be?			
07	DAMAGE TO INSURED VEHICLE		Name of repairer/panelbeater			
	NB Do not proceed with repairs without the Compar	ny's authority				
	Describe damage		Telephone			
			Have you obtained an estimate for		Y N	
	Where is your vehicle currently?		Amount of estimate obtained	\$		
08	SKETCH PLAN OF ACCIDENT		DIRECT CREDIT AUTHORIT			
	Please continue on a separate sheet, if necessary Indicate street names, direction of vehicles.		If you would like any payment due please provide account details:	to be paid direct to	a bank account,	
	Your vehicle Other vehicle	2	Name of Account			
			BANK BRANCH ACCOU	NT NUMBER	SUFFIX	
			DECLARATION	NT NOMBER	JUFFIA	
			I/We:			
			 declare all information provision there is no further information 			
			 authorise Classic Cover and/ obtain from, other parties in 			
			Register Ltd, the NZ Police, i	nsurance assesso	rs, other	
			insurers and advisers inform claims made by me/us and/o	or any insurance h	neld by me/us	
			for the purpose of evaluatingagree to provide any further			
			when required by Classic Co			
			Policyholder's signature (If compa	ny, state capacity)	Date	
			Driver's signature		Date	
	OFFICE USE ONLY					
	INSURANCE COMPANY	CLIENT NO IF KNOWN	CLASSIC COVER CLAIM REFERENCE	CE NO		
	POLICY NO	EXCESS	DUE DATE			