

MOTOR VEHICLE claim form



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

CLASSIC COVER

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

Surname of Insured or name of company

First name(s) of Insured

Address

Home telephone Business 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

INSURED VEHICLE

Make

Model

Year Registration number

Has the vehicle been modified in any way? Y N
If **yes**, please give details:

Is the vehicle a used import? Y N

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

02 PERSON DRIVING OR IN CHARGE OF THE INSURED VEHICLE

Full name: (Mr/Mrs/Miss/Ms)

Date of birth

Address

Home telephone Business telephone

Occupation

Relationship to Policyholder

Driver licence number

Licence type:
 Full Restricted Learners Licence version

Date and country of issue

To be completed even if parked

Was the vehicle being driven with the owner's consent? Y N
If **no**, please give details:

Is he/she the main driver of the Insured vehicle? Y N
If **no**, please give details:

If not the Policyholder, do you own a vehicle? Y N
If **yes**, name of Insurance Company:

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
If **yes**, Police File No.:

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

During the past 5 years, have you:
i Been convicted of any offence other than parking? Y N
If **yes**, type and penalty:

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

Please turn over.

