

MOTOR VEHICLE claim form

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



THE PRIVACY ACT 2020

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. The insurer, NZI will collect, hold, use and disclose the information in accordance with its Privacy Policy available at www.nzi.co.nz/privacy. Individuals have the right to request access to and correction of their personal information. Please refer to our privacy policy: www.classiccover.co.nz/privacy-policy

01 POLICY HOLDER

Policy Number

Name of any other party with financial interest in the vehicle:

Policy Wording (if known)

Is there any other insurance on the vehicle or accessories? Yes No

Premium Status

Paid

Unpaid

INSURED VEHICLE

Surname of Insured or name of company

Make

First name(s) of Insured

Model

Address

Year

Registration number

Home telephone

Business telephone

Has the vehicle been modified in any way? Yes No

If **yes**, please give details:

Mobile telephone

Email address

Has the vehicle a current Warrant/Certificate of Fitness? Yes No

02 DRIVER'S HISTORY

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

To be completed even if parked

Date of birth

Was the vehicle being driven with the owner's consent? Yes No

If **no**, please give details:

Address

Is he/she the main driver of the Insured vehicle? Yes No

If **no**, please give details:

Home telephone

Business telephone

If not the Policyholder, do you own a vehicle? Yes No

If **yes**, name of Insurance Company:

Occupation

Did the driver consume liquor and/or drugs (including medication) within 24 hours prior to the accident? Yes No

Relationship to Policyholder

Did the Police attend? Yes No

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

Driver licence number

Licence Ver.

Was a breathalyser or blood test, or any other such test done? Yes No

Licence type: Full Restricted Learners

During the past 5 years, have you:

Date and country of issue

i Been convicted of any offence other than parking? Yes No

If **yes**, type and penalty:

ii

Past Accidents

Had any other accident, loss or claim in connection with any motor vehicle? Yes No

Driving Offences

If **yes**, brief details of year/cost/Insurance co:

Insurance Refusals

Please turn over.

03 DETAILS OF OTHER PASSENGERS IN YOUR VEHICLE

Name Telephone

Address

Name Telephone

Address

Police Reports

Witness Statements

04 DETAILS OF INDEPENDENT WITNESSES

Name Telephone

Address

Name Telephone

Address

05 DETAILS OF DRIVERS/OWNERS OF OTHER VEHICLES OR PROPERTY

Driver Registration number Telephone number

Owner Damage to vehicle

Address

Insurance Company

Make/model of vehicle

06 DETAILS OF LOSS OR ACCIDENT

Please continue on a separate sheet if necessary

Please state reason for journey

Date Time am/pm (circle one)

Location (e.g. Street) Suburb or Town

Describe in detail how the accident occurred – use a separate sheet if necessary

Weather

Rain Overcast Bright sun Clear night Fog

Road

Sealed Metal Wet Dry

What speed limit was in force?

50km/h 70km/h 100km/h Other, detail

What was your speed prior to braking? At impact?

Do you consider the other driver responsible for the accident?

Did anyone get hurt in the accident? Yes No

If yes, can you please advise who and their relationship with the driver and known extent of the injuries.

Have the police laid or mention laying charges against the driver of your vehicle?

If yes, do you know what the charges are likely to be? Yes No

07 DAMAGE TO INSURED VEHICLE

NB Do not proceed with repairs without the Company's authority
Describe damage

Name of repairer/panelbeater

Telephone

Where is your vehicle currently?

Have you obtained an estimate for repairs? Yes No

Amount of estimate obtained \$

08 SKETCH PLAN OF ACCIDENT

Please continue on a separate sheet, if necessary. Indicate street names, direction of vehicles.

—————➔ Your vehicle - - - - ➔ Other vehicle

09 DIRECT CREDIT AUTHORITY

If you would like any payment due to be paid direct to a bank account, please provide account details:

Name of Account

BANK BRANCH ACCOUNT NUMBER SUFFIX

10 DECLARATION

- I/We:
- declare all information provided is complete and correct and there is no further information relevant to this claim;
 - where I have provided personal information about any other person, I confirm that I have their authority to disclose such information to Classic Cover and NZI to collect, hold, use and disclose in accordance with their respective privacy policies.
 - authorise Classic Cover and/or the insurer to disclose to, and obtain from, other parties including the Insurance Claims Register Ltd, the NZ Police, insurance assessors, other insurers and advisers information about this claim, previous claims made by me/us and/ or any insurance held by me/us for the purpose of evaluating and processing this claim;
 - agree to provide any further information or assistance as and when required by Classic Cover and/or our insurer.

Policyholder's signature (If company, state capacity) Date

Driver's signature Date

OFFICE USE ONLY

INSURANCE COMPANY	CLIENT NO IF KNOWN	CLASSIC COVER CLAIM REFERENCE NO
POLICY NO	EXCESS	DUE DATE