## 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 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			Is there any other insurance on the vehicle or accessories? Y N INSURED VEHICLE				l	
				Make					
	First name(s) of Insured								
	A -  -			Model					
	Address								
				Year	Registration number				
	Home telephone	Business telephone		Has the vehicle been modified in all If <b>yes</b> , please give details:	ny way?	Υ	/	Ν	
	Mobile telephone								
	Email address								
	Email address			Is the vehicle a used import?		Y		Ν	
	Name of any other party with financial interest in the vehicle:			Has the vehicle a current Warrant/C	Certificate of Fitness?	Y	/	N	
02	PERSON DRIVING OR IN CHARGE OF THE INSURED VEH Full name: (Mr/Mrs/Miss/Ms)		IICLE	To be completed even if parked Was the vehicle being driven with t If <b>no</b> , please give details:	he owner's consent?	Y	/	N	
	Date of birth								
				Is he/she the main driver of the Insured vehicle?		Υ	/	Ν	
	Address			If <b>no</b> , please give details:					
				If not the Policyholder, do you own If <b>yes</b> , name of Insurance Company		Υ	/	Ν	
					,				
	Home telephone	Business telephone				dicat Y Y	/	n) N	
	Occupation			If <b>yes</b> , Police File No.:					
	Relationship to Policyholder			Was a breathalyser or blood test, or ar During the past 5 years, have you:	ny other such test done?	Υ	/	Ν	
	Driver licence number			i Been convicted of any offence If <b>yes</b> , type and penalty:	other than parking?	Y	/	N	
	Licence type: Full Restricted Learners Licence version Date and country of issue			ii Had any other accident, loss or any motor vehicle?  If yes, brief details of year/cost/Insur		th Y	/	Ν	
03	DETAILS OF OTHER PASSENGERS IN YOUR VEHICLE		04	DETAILS OF INDEPENDENT					
	Name	Telephone		Name	Telephone				
	Address			Address					
	Name	Telephone		Name	Telephone				
	Address			Address					

05	DETAILS OF DRIVERS/OWN	ERS OF OTI	HER VEHICLES		Registration number	Telephone numbe	r		
	Driver	Owner			Damage to vehicle				
	Address								
					Insurance Company				
	Make/model of vehicle				insurance company				
06	<b>DETAILS OF LOSS OR ACCIDENT</b> Please continue on a separate sheet if necessary				Please state reason for journey				
	Date Time am/pm (circle one)				Describe in detail how the assident	Describe in detail how the accident occured – use a separat			
	Location (e.g. Street) Suburb or Town				if necessary				
	Weather  Rain  Overcast  Bri	ght sun (	Clear night Fog						
	Road		_						
	Sealed Metal Wet Dry What speed limit was in force?				Do you consider the other driver responsible for the accident?				
	50km/h 70km/h 100	0km/h	Other, detail		Do you consider the other driver re	sponsible for the ac	cident?		
	What was your speed prior to braki	ng? At in	npact?						
					Have the police laid or mention layi	ing charges against			
	Did anyone get hurt in the accident If yes, can you please advise who ar		Y N		the driver of your vehicle?  If yes, do you know what the charge		Y		
	driver and known extent of the inju		manip with the		ili yes, do you kilow what the charge	es are likely to be:			
	DAMAGE TO INSURED VEHI				Name of repairer/panelbeater				
	NB Do not proceed with repairs witho Describe damage	ut the Compar	ny's authority						
	Ŭ				Telephone				
					Have you obtained an estimate for	renairs?	YN		
						\$			
	Where is your vehicle currently?				Amount of estimate obtained				
80	<b>SKETCH PLAN OF ACCIDEN</b> Please continue on a separate shee			09	DIRECT CREDIT AUTHORITY If you would like any payment due:	-	a bank account.		
	Indicate street names, direction of vehicles.				please provide account details:	·	,		
	Your vehicle	Other vehicle	9		Name of Account				
					BANK BRANCH ACCOU	NT NUMBER	SUFFIX		
				10	DECLARATION.				
					<ul><li>I/We:</li><li>declare all information provide</li></ul>	مامط أحمد مصمما مام	nd oorroot and		
					there is no further information				
					<ul> <li>authorise Classic Cover and/o obtain from, other parties inc</li> </ul>				
					Register Ltd, the NZ Police, ir	nsurance assesso	rs, other		
					insurers and advisers informa claims made by me/us and/o	r any insurance h	eld by me/us		
					<ul><li>for the purpose of evaluating</li><li>agree to provide any further</li></ul>				
					when required by Classic Cov				
					Policyholder's signature (If compar	ny, state capacity)	Date		
					Driver's signature		Date		
	OFFICE USE ONLY								
	INSURANCE COMPANY CLIENT NO IF KNOW		N	CLASSIC COVER CLAIM REFERENCE NO					
			1						
POLICY NO EXCESS			DUE DATE						