MOTOR VEHICLE claim form

LASSIC COVER

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	/	Ν
	5			Make				
	First name(s) of Insured							
	Address			Model				
	Address							
				Year	Registration number			
	Home telephone	Business telephone		Has the vehicle been modified in a If yes , please give details:	ny way?	Υ		Ν
	Mobile telephone							
	Email address			Is the vehicle a used import?		Υ		Ν
	Name of any other party with financial interest in the vehicle:			Has the vehicle a current Warrant/0	Certificate of Fitness?	Υ		Ν
02	PERSON DRIVING OR IN CHARGE OF THE INSURED VEH		ICLE	To be completed even if parked				
	Full name: (Mr/Mrs/Miss/Ms)			Was the vehicle being driven with the owner's consent? If no , please give details:		Υ		N
	Date of birth							
				Is he/she the main driver of the Inst If no , please give details:	ured vehicle?	Υ		Ν
	Address			in 110 , produce give declarie.				
				If not the Policyholder, do you own If yes , name of Insurance Company		Υ		Ν
	Home telephone	ome telephone Business telephone		Did the driver consume liquor and/or drugs (including medication) within 24 hours prior to the accident? Did the Police attend? Y N If yes , Police File No.:				
	Occupation							
	Relationship to Policyholder			Was a breathalyser or blood test, or ar During the past 5 years, have you:		Υ		Ν
	Driver licence number			i Been convicted of any offence If yes , type and penalty:	other than parking?	Υ		N
	Licence type: Full Restricted Learners Licence version Date and country of issue			ii Had any other accident, loss or claim in connection with any motor vehicle? If yes, brief details of year/cost/Insurance co:				
	J			ii yes , brief details of year/cost/irisu	rance co.			
03	DETAILS OF OTHER PASSENGERS IN YOUR VEHICLE		04	DETAILS OF INDEPENDENT	WITNESSES			
	Name	Telephone		Name	Telephone			
	Address			Address				
	Name	Telephone		Name	Telephone			
	Address			Address				

5 DETAILS OF DRIVERS/OWNERS OF OTHER VEHICLE OR PROPERTY	Registration number Telephone number
Driver Owner	Damage to vehicle
Silver	Burnage to vernore
Address	
	Insurance Company
Make/model of vehicle	
Please continue on a separate sheet if necessary	Did anyone get hurt in the accident? If yes, can you please advise who and their relationship with the
Date Time am/pm (circle one)	driver and known extent of the injuries.
Location (e.g. Street) Suburb or Town	
	Please state reason for journey
Weather Rain Overcast Bright sun Clear night Road	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?
What was your speed prior to braking? At impact?	
	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?
7 DAMAGE TO INSURED VEHICLE	Name of repairer/panelbeater
NB Do not proceed with repairs without the Company's authority	Traine of repairer, parteriseater
Describe damage	Telephone
	Have you obtained an estimate for repairs?
Where is your vehicle currently?	Amount of estimate obtained \$
Where is your vernote currently:	
O CHETCH DI ANI OF ACCIDENT	OO DIDECT CREDIT ALITHORITY
8 SKETCH PLAN OF ACCIDENT Please continue on a separate sheet, if necessary.	09 DIRECT CREDIT AUTHORITY If you would like any payment due to be paid direct to a bank account,
Indicate street names, direction of vehicles.	please provide account details:
Your vehicle Other vehicle	Name of Account
	DANK PRANCE ACCUMENTATION
	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; 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 signesture
	Driver's signature Date
OFFICE USE ONLY	

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