BWRS

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# MOTOR VEHICLE CLAIM FORM

Pursuant to the Privacy Act 1993 the following is brought to your attention:

a) This claim form collects personal information about you;
b) The information is collected to evaluate your claim;
c) The intended recipient of the information is: The Insurer named below (hereinafter called "The Company") and is being held by them at their office
d) The collection of this information is required pursuant to the terms of your insurance policy;
e) The failure to provide this information may result in your claim being declined;
f) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

***PLEASE ENSURE ALL SECTIONS OF THE CLAIM FORM ARE COMPLETED IN FULL***

## A. POLICY HOLDER DETAILS

1. Name of Insured or Name of Company .....
2. Postal Address: .....
3. Contact Telephone No. (0 ) ..... Alternative Contact No. (0 ) .....
4. Email Address: .....
5. Name of Any Other Party with a Financial Interest in the Vehicle .....

## B. DETAILS OF INSURED VEHICLE

1. Year ..... Make ..... Model ..... Reg. No .....
2. Is the vehicle subject to hire purchase agreement, bill of sale or lien of any kind? Answer "Yes" or "No" .....
3. Has the vehicle or engine been modified from the maker's standard specifications? Answer "Yes" or "No" .....

   If "Yes" to either above, please provide details .....

## C. DETAILS OF DRIVER OR PERSON IN CHARGE OF THE VEHICLE

1. Full Name (Mr/Miss/Ms/Mrs) ..... Date of Birth .....
2. Home Address ..... Private Telephone .....
3. Work Address ..... Work Telephone .....
4. Licence Number ..... Learner ☐ Restricted ☐ Full ☐ Date of Issue .....
5. Country of Issue ..... Years Held ..... Licence Classes (please note) .....

   Answer "Yes" or "No" and if **"Yes, please give full details**

a) Has the driver any motoring convictions or charges pending (Other than parking)? .....
b) Has the driver been involved in (i) any previous accident or (ii) suffered any losses during the past 5 years? .....

   If "Yes" to (i) ..... (ii) .....

c) Did the driver consume any intoxicating liquor or take any drugs in the 12 hours prior to the accident? .....

   If "Yes" quantity consumed? ..... Where? .....

d) Was the driver required to provide a breath and/or blood sample? .....

## D. DETAILS OF ACCIDENT

1. When did the accident happen? Day ..... Date ..... Time .....am/pm
2. Where did it happen? (street, city) .....
3. Reason for journey? .....
4. Describe in detail how the accident occurred .....

   .....

   .....

   **If the insured vehicle was being driven when the accident happened:**

5. What were the weather conditions at the time? Rain ☐ Overcast ☐ Fog ☐ Bright Sun ☐ Clear Night ☐
6. What were the road conditions at the time? Sealed ☐ Metal ☐ Wet ☐ Dry ☐ Ice ☐
7. What speed was the insured vehicle travelling at before braking? .....

## DETAILS OF OTHER PERSONS

**Passengers in your vehicle:** (if there is not enough room to list all passengers, please attach an additional list)

1. Name ..... Telephone No. .....

   Address .....

2. Name ..... Telephone No. .....

   Address .....

**Independent Witnesses:** (if there is not enough room to list all witnesses, please attach an additional list)

1. Name ..... Telephone No. .....

   Address .....

**Driver/Owner of other vehicle of property damaged:**

Name ..... Telephone No. .....

Address .....

Details of vehicle/property .....

Registration No. ..... Insurance Co. .....

## E. SKETCH PLAN OF SCENE OFACCIDENT

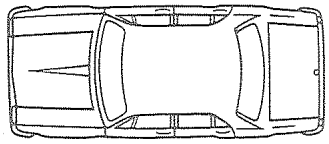
Indicate: 1. Layout of roads and road names 2. Road signs and markings 3. Position of vehicles at impact 4. Direction of travel
5. Identify your vehicle: Other vehicle: Reg No.

## F. DAMAGE TO THE INSURED VEHICLE

1. Please describe the damage to your vehicle and show it on the diagram to the right:

   .....

2. Did the vehicle need to be towed? ..... Name of towing Co .....
3. Name of repairer ..... Telephone No .....



## G. LIABILITY FOR THE ACCIDENT

1. Who do you consider to be to blame? .....
2. What are your reasons? .....
3. Did anyone admit liability? ..... If "Yes" who? .....
4. Did the Police attend the accident? ..... If "Yes" please give officers name & number .....

## DECLARATION – Note: Failure to provide full and truthful information could result in the claim being declined.

1. **I/We agree to The Company disclosing my/our personal information regarding this claim to:**
   a) Other parties including other members of the Insurance Industry & the data base of the Insurance Claims Register (ICR Ltd) PO Box 474, Wellington, where it will be retained & made available to other insurance companies to inspect.
   b) Parties who have a financial interest in the subject matter of the policy & parties repairing or replacing the subject matter of the claim.
   c) I/We understand that I am/We are entitled to have certain rights of access to & correction of the personal information held by The Company and ICR Ltd.
2. **I/We agree to The Company obtaining personal information about me/us that is, in The Company's view, relevant to this claim.**
   a) From any other party including other members of the Insurance Industry & from Insurance Claims Register Ltd (ICR Ltd) which holds details of claims made by me/us under policies with other insurers.

All the information & answers (whether written or oral) given to the Company in connection with this claim are correct & that no information relevant to the claim has been omitted. I/We authorise The Company to act on my/our behalf.

| **Signed by Driver** | **Signed on behalf of all Insureds** | **Date** |
|---|---|---|
| ..... | ..... | ..... |