2010 2020 2020 21000

Motor Vehicle



Claim form

Please complete in FULL all sections of this Claim Form and return it to Zurich as soon as possible after the accident. Unless specifically arranged beforehand. No repairs or alterations to the damaged vehicle should be made until approved by Zurich.

Important information

- Do not admit liability Ask for any claim to be put in writing and refer all correspondence to ZURICH NEW ZEALAND.
- · Make sure you give us all the details about your claim. Attach a separate sheet if you have insufficient space on this form.
- Send all quotations you have received to repair your vehicle and/or any quotations or correspondence you may have received from any other
 party in relation to this accident.

Fair Insurance Code

Zurich New Zealand is a signatory to the Fair Insurance Code. For more information about the Fair Insurance Code please go to www.icnz.org.nz

Brokers please note: You can monitor the progress of a claim via Open Door 24 Hours a Day, 7 days a week.

Policy number:	Clier	nt reference number:		
Division & Cost Centre:				
Insured				
Name of insured				
Address			State	Postcode
Phone number		Occupation		
Are you the sole owner of the ir	nsured vehicle? Yes No	0		
Advise the date vehicle was pure		1 1		
If 'No', name of other interested	parties			
	No Type of lease	e: Novated Other		
Insured vehicle Make and Model	,		Year	Colour
Insured vehicle Make and Model Registration number	No Type of lease		Year VIN number	Colour
Insured vehicle Make and Model Registration number	,			Colour
Insured vehicle Make and Model Registration number Certificate of fitness expiry	,		VIN number	Colour ————————————————————————————————————
Insured vehicle Make and Model Registration number Certificate of fitness expiry CLASS OF VEHICLE	Engine number	Chassis or	VIN number	ehicle over 2T and up to 5T
Insured vehicle Make and Model Registration number Certificate of fitness expiry CLASS OF VEHICLE Sedan or Station Wagon	Engine number Four Wheel Drive	Chassis or	VIN number	ehicle over 2T and up to 5T
Insured vehicle Make and Model Registration number Certificate of fitness expiry CLASS OF VEHICLE Sedan or Station Wagon Van or Utility up to 2T Semi Trailer	Engine number Four Wheel Drive Bus or Coach	Chassis or Heavy Plant Articulated Prime Mover	VIN number Rigid V Rigid V	ehicle over 2T and up to 5T
Insured vehicle Make and Model Registration number Certificate of fitness expiry CLASS OF VEHICLE Sedan or Station Wagon Van or Utility up to 2T Semi Trailer Trailer details (if applicable):	Engine number Four Wheel Drive Bus or Coach	Chassis or Heavy Plant Articulated Prime Mover Rigid Vehicle over 10T	VIN number Rigid V Rigid V	ehicle over 2T and up to 5T
Insured vehicle Make and Model Registration number Certificate of fitness expiry CLASS OF VEHICLE Sedan or Station Wagon Van or Utility up to 2T Semi Trailer Trailer details (if applicable): Make	Engine number Four Wheel Drive Bus or Coach Light Plant Type	Chassis or Heavy Plant Articulated Prime Mover Rigid Vehicle over 10T	VIN number Rigid V Rigid V Other	ehicle over 2T and up to 5T
Van or Utility up to 2T	Engine number Four Wheel Drive Bus or Coach Light Plant Type ries/modifications to vehicle?	Chassis or Heavy Plant Articulated Prime Mover Rigid Vehicle over 10T	VIN number Rigid V Rigid V Other	

Surname		Giv	ven name(s	.)				
Address					State		Postcode	
Phone number	Date of birth	/ /	А	ge	Sex:	Male 🔵	Female 🔵	
Current Driver's Licence number class a	nd endorsements							
Expiry date / /	Years Licenced to	o drive this typ	e of vehicl	e				
Name of registered owner of the vehicle	e							
Are you an employee? Yes No (If 'No', state rela	ationship						
Have you had any traffic convictions an Yes No If 'Yes', please give		been involved	in any mo	tor vehicle	acciden	ts in the pa	st five (5) years?	
low many hours have you spent driving bid you consume any alcohol or take al	ny drugs during the 12						Yes	No (
Did you undergo a breath test or blood		ıns?					Yes ()	 No (
'Yes', what was the result	test for dicorior or dic	.93.					163	110 (
oid you refuse to undergo any of the a	bove tests?						Yes ()	No (
Vas your vehicle damaged? Vas your vehicle towed away? Have you obtained a repair quote? Who is your preferred repairer? Is the vehicle there?	Yes No Yes No Yes No Yes No	If tyres dan If 'Yes', nar Lowest quo	me of com	pany		(Attach all	quotes)	
full address		,			State		Postcode	
hone number								
REAR Show the damaged areas to your vehicles	e on the following dia	gram		FRONT	THE MAD	DAMAGED	R ALTERATIONS VEHICLE SHOWN PPROVED BY Z	JLD B

Pate /	/	Time	() AM	○ PM	Vehicle Use	: Business (Private (
Day of the Week:	Monday 🔵	Tuesday 🔵	Wednesday 🔘	Thursday 🔵	Friday 🔵	Saturday 🔵	Sunday
OCATION: Street				Suburb			Postcode
How did the incident	t or theft happe	en?					
Please draw a plan o t is important to det					re of the road	way; direction a	nd location of vehicles.
Indicate you	r own vehicle a	s A		Indicate	any other ve	hicles as B	
Vho do you conside	r was at fault?	Myself (Other Driver	Other			
Vhy?							
stimated speed of y	our vehicle 30	metres prior to	accident?	KPH			
stimated speed of y			accident?	KPH KPH			
stimated speed of y	our vehicle at i	mpact?					
	our vehicle at i	mpact? e just before th		KPH			
stimated speed of y stimated speed of t Vhat lights if any we	our vehicle at i he other vehicl ere being used	mpact? e just before th by you?	e accident?	KPH			
stimated speed of y	our vehicle at i he other vehicle ere being used ere being used	mpact? e just before th by you?	e accident?	KPH			
stimated speed of y stimated speed of t What lights if any we What lights if any we What signals were gi	our vehicle at in the other vehicle ere being used ere being used iven by you?	mpact? e just before th by you? by the other pa	e accident?	KPH			
stimated speed of y stimated speed of t What lights if any we What lights if any we What signals were gi What signals were gi	our vehicle at in the other vehicle ere being used ere being used even by you?	mpact? e just before the by you? by the other pa er party?	e accident? nrty?	KPH KPH			
stimated speed of y stimated speed of t What lights if any we What lights if any we What signals were gi What signals were gi	our vehicle at in the other vehicle ere being used ere being used even by you? Even by the other int of collision	mpact? e just before the by you? by the other pa er party? were you when	e accident? nrty?	KPH KPH other party?			
stimated speed of y stimated speed of t What lights if any we What lights if any we What signals were gi What signals were gi	our vehicle at in the other vehicle ere being used ere being used even by you? Even by the other int of collision int of collision	mpact? e just before the by you? by the other party? were you when was the other party?	e accident? arty? you first saw the party when first sec	KPH KPH other party?	I Dowr	nhill Flat (
istimated speed of y istimated speed of t What lights if any we What lights if any we What signals were gi What signals were gi How far from the po	our vehicle at in the other vehicle ere being used ere being used even by you? Even by the other int of collision int of collision	mpact? e just before the by you? by the other party? were you when was the other party?	e accident? arty? you first saw the party when first see	KPH KPH other party?	I Dowr	nhill Flat (
stimated speed of y stimated speed of t What lights if any we What signals were gi What signals were gi How far from the po How far from the po state of road/road su	our vehicle at in the other vehicle ere being used ere being used even by you? Even by the other int of collision erface: Smoot Good (mpact? e just before the by you? by the other party? were you when was the other party? Moder	e accident? Trty? Tyou first saw the party when first see Wet ate Poor	KPH KPH other party?		<u> </u>	
stimated speed of y stimated speed of t What lights if any we What signals were gi What signals were gi How far from the po How far from the po state of road/road su	our vehicle at in the other vehicle ere being used ere being used even by you? Even by the other int of collision erface: Smoot Good (mpact? e just before the by you? by the other party? were you when was the other party? Moder	e accident? Trty? Tyou first saw the party when first see Wet ate Poor	KPH KPH other party? en by you? Dry Uphil		<u> </u>	
istimated speed of y istimated speed of t What lights if any we What signals were gi What signals were gi How far from the po How far from the po	our vehicle at in the other vehicle ere being used ere being used even by you? Even by the other int of collision erface: Smoot Good (mpact? e just before the by you? by the other party? were you when was the other party? Moder	e accident? Trty? Tyou first saw the party when first see Wet ate Poor	KPH KPH other party? en by you? Dry Uphil		<u> </u>	
stimated speed of y stimated speed of t What lights if any we What signals were gi What signals were gi How far from the po How far from the po state of road/road su	our vehicle at in the other vehicle ere being used ere being used even by you? Even by the other int of collision erface: Smoot Good (mpact? e just before the by you? by the other party? were you when was the other party? Moder	e accident? Trty? Tyou first saw the party when first see Wet ate Poor	KPH KPH other party? en by you? Dry Uphil		<u> </u>	
stimated speed of y stimated speed of t What lights if any we What signals were gi What signals were gi How far from the po How far from the po state of road/road su	our vehicle at in the other vehicle ere being used ere being used even by you? Even by the other int of collision erface: Smoot Good (mpact? e just before the by you? by the other party? were you when was the other party? Moder	e accident? Trty? Tyou first saw the party when first see Wet ate Poor	KPH KPH other party? en by you? Dry Uphil		<u> </u>	
istimated speed of y istimated speed of to What lights if any we What signals were gi What signals were gi How far from the pool How far from the pool tate of road/road su How was visibility?	our vehicle at in the other vehicle ere being used ere being used even by you? Even by the other int of collision even even by the other of collision even expected from the following of the expected from the even even even even even even even ev	mpact? e just before the by you? by the other party? were you when was the other party? Moder	e accident? Trty? Tyou first saw the party when first see Wet ate Poor	KPH KPH other party? en by you? Dry Uphil		<u> </u>	
stimated speed of y stimated speed of t What lights if any we What signals were gi What signals were gi How far from the po How far from the po state of road/road su How was visibility? Were there any withe	our vehicle at in the other vehicle ere being used ere being used even by you? Even by the other int of collision even esses to the access to the access.	mpact? e just before the by you? by the other path of the party? were you when was the other path of the Rough of Moder cident? Yes	e accident? Try? Tyou first saw the party when first see Wet No No If 'Y	KPH KPH other party? en by you? Dry Uphil		<u> </u>	
istimated speed of y istimated speed of t What lights if any we What signals were gi What signals were gi How far from the po How far from the po Itate of road/road su How was visibility? Were there any wither Did police question	our vehicle at in the other vehicle ere being used ere being used even by you? Even by the other int of collision even esses to the accordance of the accord	mpact? e just before the by you? by the other path of the party? were you when was the other path of the Rough of Moder cident? Yes	e accident? Try? Tyou first saw the party when first see Wet No No If 'Y	other party? en by you? Dry Uphil	de names and	addresses	
stimated speed of y stimated speed of t What lights if any we What signals were gi What signals were gi How far from the po How far from the po state of road/road su How was visibility? Were there any withe	our vehicle at in the other vehicle ere being used ere being used even by you? Even by the other int of collision even expenses to the accordance. Smooth esses to the accordance expenses expen	mpact? e just before the by you? by the other paser party? were you when was the other paser how Rough Moder cident? Yes	e accident? Try? Tyou first saw the party when first see Wet No No If 'Y	KPH KPH other party? en by you? Dry Uphil	de names and	addresses	

Damage to other vehicles or property

	Vehicle / Property No. 1	Vehicle / Property No. 2
Name of other driver		
Address		
Age		
Phone number		
Licence number		
Vehicle Make & Model		
Registration number		
Name of registered owner		
Address		
Phone number		
The other insurance company		
Policy number		
Description of damage		

8	Privacy	and	Declaration
٧,	,	٠	2001010101

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 Zurich New Zealand
- (d) The information is being collected and held by Zurich New Zealand, P.O. Box 497, Shortland Street, Auckland 1140
- (e) The collection of this information is required pursuant to the terms of your insurance policy;
- (f) The failure to provide this information may result in you claim being declined;
- (g) You have the rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993

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

- (a) I/We declare that the information given in this form is correct.
- (b) I/We authorise and request the New Zealand Police to release to Zurich New Zealand copies of any documents held by the New Zealand Police relating to the incident giving rise to this claim. If necessary, authority should be treated as a formal request pursuant to the Official Information Act, 1982.
- (c) I/We authorise the disclosure of personal information held by any other party regarding this claim. I/We agree to Zurich New Zealand releasing to other parties personal information regarding this claim.
- (d) I/We authorise the insurer or its authorised agent to give or obtain from the other insurers or other parties any information relating to any insurance held or claim made.
- (e) I/We solemnly declare that the information given & contained in this document is true & correct by virtue of the Oaths & Declarations Act, 1957.
- (f) I/We acknowledge that if any information given is incorrect or has been concealed it may result in the claim being declined.
- (g) Whilst the claim is under consideration I/We consent to the vehicle being moved to Zurich's preferred salvage provider for safe keeping. If indemnity is not provided, these costs will be borne by the Insured
- (h) If I am a broker and I am completing this form, I confirm that I have been appointed as an agent of the driver, insured, or owner to complete and submit this form on behalf of that driver, insured or owner.

name of person submitting this claim as of on behalf of the insured (Flease print).				
	Date	/	/	

Zurich New Zealand does not admit liability by the issue of this Claim Form. This form is issued simply to enable the insured to lodge a written statement of claim.