MOTOR VEHICLE CLAIM FORM



Policy Number	Claim Number			
INSURED DETAILS				
Name of Insured: Address:				
Contact Details:	Ph Work Ph Home Mobile Fax Email			
Occupation:				
VEHICLE DETAILS				
Year: Type: Is vehicle Modifie				
Is the Insured the	e owner of this vehicle? Yes No (if NO please provide further detail)			
	R / OPERATOR / PERSON IN CHARGE OF VEHICLE			
Name: Address: Contact Details: Date Of Birth:	Ph Home Mobile			
Occupation:	Relationship to Insured:			
	Licence Number			
Was the vehicle b	peing driven with the owners consent? Yes No (if NO please provide further detail)			
Did the driver consume any alcohol and/or drugs within the 12 hours prior to the accident? Yes No (if YES please provide further detail)				
Did the Police att	end the accident? Yes No (if YES please provide Officers name and Station)			
Was anyone requ	nired to undergo a breath or blood Alcohol test? Yes No (if YES please provide further detail)			
Has the driver red	ceived any traffic offences (other than parking) in the last 5 years? Yes (if YES please provide further detail)			
Has the driver been involved in any motor accidents in the last 5 years? Yes (if YES please provide further detail)				

DETAILS OF THE ACCIDENT OR LOSS				
What type of claim are you making?				
Where did it happen? Street:				
Suburb: City:				
When did it happen? Date: Day Time am pm				
Weather Conditions: Road Conditions:				
Where your headlights on and functioning at the time of the accident? Yes No				
Please Provide a description of the accident or loss: (you may wish to draw a diagram on the reverse of this page)				
Who do you believe is responsible?				
DETAILS OF DAMAGE TO VEHICLE				
Please provide a brief description of the damage that has occurred to the vehicle				
(please also indicate where damage has occurred on the diagram)				
50				
Is the vehicle able to be driven safely? Yes No				
Where is the vehicle now? Name Ph Number				
Address				
Address				
If an estimate of repair costs is known please provide detail \$				
DETAILS OF THE OTHER PARTY INVOLVED IN THE ACCIDENT				
Name:				
Address: Street Suburb City				
Suburb City Ph Number: Work Home Mobile				
Does the other party have insurance? Yes No (if yes please provide further detail)				
Tes Ties please provide farther actains				
Vehicle Details:				
Year Make Model				
Type Registration Number				
Please provide detail of damage to other vehicle				

DETAILS OF AN	IY PASSENG	BERS		
Name:				
Address:	Street			
	Suburb	City		
Ph Number:	Work	Home Mobile		
Name:				
Address:	Street			
radicss.	Suburb	City		
Ph Number:	Work	Home Mobile		
DETAILS OF ANY INDEPENDENT WITNESSES				
Name:				
Address:	Street			
	Suburb	City		
Ph Number:	Work	Home Mobile		
Name:				
Address:	Street			
	Suburb	City		
Ph Number:	Work	Home Mobile		
DECLARATION	AND PRIVA	ACY ACT		
Pursuant to the PRIVICY 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 Ltd P.O. Box 11449, Ellerslie, Auckland (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 DECLARATION: Note: Failure to provide full and truthful information could result in the claim being declined				
I/We declare that the information given in this form is correct I/We agree that, should there be any dispute over any payment of this claim, Zurich New Zealand shall be entitled to submit the dispute to arbitration. I/We sufficient and request the New Zealand Relies to release to Zurich New Zealand society of any decuments held by the New Zealand society of any decuments held				

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.

I/We authorise the disclosure of personal information held by any other party regarding this claim

I/We agree to Zurich New Zealand Insurance Limited releasing to other parties personal information regarding this claim.

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.

I/We authorise you to place details of this claim on the database of ICR Ltd, PO Box 474 Wellington, where it will be retained and be available to other insurance companies to inspect.

I/We solemnly declare that the information given & contained in this document is true & correct by virtue of the Oaths & Declarations Act, 1957. I/We acknowledge that if any information given is incorrect or has been concealed it may result in the claim being declined.

Please Complete: I HAVE READ THE ABOVE AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE ANSWERS PROVIDED IN THIS FORM ARE TRUTHFUL.

Name of Person who Completed this form

LIVE DOCUMENT INSTRUCTIONS AND HELP

When viewing this document on a PC using Adobe Reader you are able to complete the questions on screen. If you are not clear on what a question is asking simply move your mouse over the relating answer box and a 'pop up' hint will appear to assist you further. At the beginning of the form you will find a RESET button which will clear all of the answer boxes back to their original or default status (allowing you to easily re-use the form or start afresh) Once you have completed all the relevant questions you have the option of:

- a) Printing the form off and posting to us;
- b) Faxing the form to us on 09 583 0700;
- c) Emailing us the data simply by clicking on the 'EMAIL CLAIM' button.