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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 BrokerWeb Risk Services Ltd (Hereinafter called BWRS) and is being held by them at their offices

- (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.

**Policy Number:**

**Insurance Company:**

## 1. POLICYHOLDER DETAILS

**Full name:** (Company name if applicable)

**Address:**

**Contact telephone numbers:** (Home)

(Business)

**Email:**

**Bank Acc Details:**

## 2. INSURED VEHICLE

**Year:** **Make:** **Model:** **Reg No:**

**Has the vehicle been modified in any way?** (If Yes please provide details)

**Name of any other party with financial interest in the vehicle:**

**Is there any other insurance on the vehicle or accessories?** ☐ YES ☐ NO

**Has the vehicle a current Warrant / Certificate of Fitness?** ☐ YES ☐ NO

## 3. DRIVER DETAILS (or person in charge of the insured vehicle, to be completed, even if parked)

**Full name** (Mr/Mrs/Miss/Ms/Dr):

**Private address:**

**Date of birth** / / **Occupation:**

**Telephone No private:**

**Business:**

**Driver Licence No:**

**Version number:**

**Number of years licence held:**

**Is Licence Full / Restricted / Learners:**

**Date & country of issue:**

**Licence Classes:** (Please List)

**Licence special conditions:** (Please list)

**Drivers relationship to policyholder:**

**Was the vehicle being driven with the owners consent?** ☐ YES ☐ NO (If No please provide details)

**Are you the main driver of the insured vehicle?** ☐ YES ☐ NO

**If not the policyholders do you have Motor Vehicle Insurance?** ☐ YES ☐ NO (If Yes please provide details)

**During the past 5 years, have you:** (If you answer Yes to any of the following questions, please provide details)

**(a) Been involved in a motor accident?** ☐ YES ☐ NO

**(b) Been convicted of any offence other than parking?** ☐ YES ☐ NO

**(c) Been disqualified from driving or had license cancelled or suspended?** ☐ YES ☐ NO

#### 4. DETAILS OF ACCIDENT

Date of accident:	Time:	<input type="checkbox"/> AM	<input type="checkbox"/> PM		
Location: (Street & Town)					
Weather conditions:	<input type="checkbox"/> Bright Sun	<input type="checkbox"/> Overcast	<input type="checkbox"/> Rain	<input type="checkbox"/> Fog	<input type="checkbox"/> Clear Night
Road conditions:	<input type="checkbox"/> Sealed	<input type="checkbox"/> Metal	<input type="checkbox"/> Wet	<input type="checkbox"/> Dry	<input type="checkbox"/> Ice
What speed limit was in force?	What was your speed prior to braking?				
Please state reason for journey:					
Please provide full details of accident:					

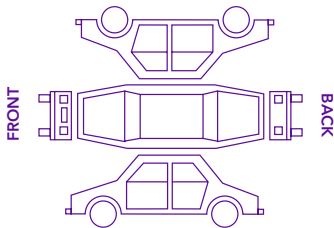
Who do you consider to be at fault?

Did anyone get hurt in the accident?	<input type="checkbox"/> YES	<input type="checkbox"/> NO (If Yes, can you please advise who and their relationship to the driver and known extent of the injuries):
Did the Police attend?	<input type="checkbox"/> YES	<input type="checkbox"/> NO (If Yes please provide incident reference)
Have the Police laid or mentioned laying charges against the driver of your vehicle?	<input type="checkbox"/> YES	<input type="checkbox"/> NO (If Yes, do you know what the charges are likely to be?):
Did driver consume liquor and/or drugs within 12 hours prior to the accident?	<input type="checkbox"/> YES	<input type="checkbox"/> NO (If Yes please provide details)
Was a breathalyzer or blood test done?	<input type="checkbox"/> YES	<input type="checkbox"/> NO (If Yes please provide details)

#### 5. DAMAGE TO INSURED VEHICLE

Please describe damage to your vehicle & show on diagram:

Have you obtained a quote? ☐ YES ☐ NO (If Yes please advise repairer below)



Repairer:

Repair estimate: \$

#### 7. SKETCH PLAN OF ACCIDENT

#### 6. OTHER VEHICLE OR PROPERTY DAMAGED

Driver/Owner of other vehicle or property:	
Address:	
Contact telephone No:	Insurance company:
Details of vehicle/property:	Registration No:

#### 8. PASSENGERS IN YOUR VEHICLE OR INDEPENDENT WITNESS

Name:	Passenger/Witness:
Address:	Contact Telephone No:
Name:	Passenger/Witness:
Address:	Contact Telephone No:

**DECLARATION:** Note failure to provide full and truthful information could result in the claim being declined.

**1. I/We agree to BWRS/The Company disclosing my/our personal information regarding this claim to:**

(a) Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICR Ltd) PO Box 474, Wellington, where it will be retained and made available to other insurance companies to inspect.

(b) Parties who have a financial interest in the subject matter of the policy and 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 and correction of the personal information held by BWRS/The Company & ICR Ltd

**2. I/We agree to BWRS/The Company obtaining personal information about me/us that is, in BWRS's view, relevant to this claim.**

(a) From any other party including other members of the Insurance Industry and from ICR Ltd which holds details of claims made by me/us under policies with other insurers. All the information and answers (whether written or oral) given to BWRS/The Company in connection with this claim are correct and that no information relevant to the claim has been omitted. I/We authorize BWRS/The Company to act on my/our behalf.

Policyholder's Signature:	Date:
Driver's Signature:	Date: