

# Motor Accident Claim Form

If you need any help with this form, please  
the nearest NZI Branch or your insurance advi

- **WARNING: If you supply any untrue or false information and know that it is not true NZI shall have the right to refuse the claim.**
- We recommend that you read the Claims section of your policy.
- Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A".
- You must not incur any expense (unless it is to minimise the loss), or admit fault, without our permission.
- **THE DRIVER OF THE VEHICLE (OR THE PERSON WHO WAS IN CHARGE) MUST SIGN PART L OF THIS FORM.**

**PART A:  
THE INSURED**

1. Name of Insured: .....
2. Postal Address: .....
3. Best contact Phone No: ..... Best time to contact: .....
4. Alternative contact:.....

**PART B:  
THE  
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?			Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Has the vehicle or engine been modified from the makers standard specifications?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answer "Yes" to 2 or 3, please give details.....			

**PART C:  
DETAILS OF  
DRIVER OR  
PERSON IN  
CHARGE**

1. What is the driver's Date of Birth? .....	Female <input type="checkbox"/> Male <input type="checkbox"/>
2. Was the driver (or person in charge when the accident happened) the person shown under Part A? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If the answer is "Yes" please go straight to Part D. If the answer is "No" please answer questions 3 - 8	
3. Full Name of Driver (or person in charge).....	
4. Postal Address: .....	
5. Best contact Phone No: ..... Best time to contact: .....	
6. Relationship to the Insured: Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other <input type="checkbox"/> (give details).....	
7. Did the driver have the owner's permission to use the vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>	
8. Does the driver have any motor vehicle insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**PART D:  
DRIVER'S  
HISTORY**

1. Has the driver ever been refused vehicle insurance or had a policy cancelled or not renewed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If any answer is "Yes" please attach full details on a separate piece of paper
2. In the past 5 years has the driver: (a) been involved in a motor accident?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(b) been convicted of a driving offence or issued with an offence or infringement notice (including speeding)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(c) been convicted of a criminal offence	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(d) been disqualified from driving or had their licence endorsed cancelled or suspended?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**PART E:  
DRIVER'S  
LICENCE**

1. Number.....	Classes .....	Special Conditions .....
2. Type.....	.....	.....
3. Date & Country of Issue.....	.....	.....

**PART F:  
DETAILS OF  
ACCIDENT**

1. When did the accident happen? Day..... Date..... Time..... AM <input type="checkbox"/> PM <input type="checkbox"/>	
2. Where did it happen? (show street and town).....	
3. What was the vehicle being used for?.....	
4. Please provide full details of your journey .....	
5. Please give full details of what happened: .....	
If the insured vehicle was being driven when the accident happened:	
6. What were the weather conditions at the time? Rain <input type="checkbox"/> Overcast <input type="checkbox"/> Fog <input type="checkbox"/> Bright Sun <input type="checkbox"/> Clear Night <input type="checkbox"/>	
7. What were the road conditions at the time? Sealed <input type="checkbox"/> Metal <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Ice <input type="checkbox"/>	
8. What speed was the insured vehicle travelling at (a) approaching the accident?..... (b) impact?.....	
9. Did the driver consume or use any alcoholic liquor, drug or intoxicating substance in the 12 hours before the accident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes": What?..... How Much?..... When?.....	
11. Did the Police attend the accident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
12. Was the driver required to provide the Police with a breath and/or blood sample? Yes <input type="checkbox"/> No <input type="checkbox"/>	

OFFICE USE: Policy No. .... Branch.....

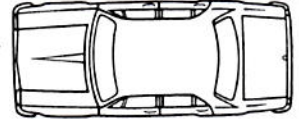
**PART G:  
SKETCH  
PLAN OF  
ACCIDENT**

Please show any

- Street Names
- Road Markings
- Road Signs
- Traffic Signals
- Traffic Islands
- Distances from kerb
- Distances between vehicles
- Direction of Travel

**PART H:  
DAMAGE TO  
THE INSURED  
VEHICLE**

1. Please describe the damage to your vehicle, and show it on the diagram at the right
2. Did the vehicle need to be towed? Yes  No  Name of towing Company.....
3. Name of repairer..... Telephone.....
4. Address of repairer.....
5. When to be taken to the repairer?..... Repairer's Estimate \$.....
6. Where is the vehicle located now?.....



The repairer must contact us before repairs are started so that we can assess the damage and agree the costs

**PART I:  
OTHER  
VEHICLE OR  
PROPERTY  
DAMAGED**

1. Other vehicle owned/driven by..... Telephone.....  
Address..... Insurer & Branch.....  
Make, type & model of other vehicle..... Reg.No.....  
Details of damage to other vehicle.....
2. Details of damage to other property.....  
Owners name & address..... Telephone.....

**PART J:  
LIABILITY  
FOR THE  
ACCIDENT**

1. Who do you consider to be to blame? .....
2. What are your reasons? .....
3. Did anyone admit liability? Yes  No  If "Yes" who? .....
4. Did the police attend the accident? Yes  No  If "Yes" please give officers name & number.....

**PART K:  
WITNESSES  
TO THE  
ACCIDENT**

- Were there any witnesses? Yes  No  If 'Yes' please give details below.
1. Name..... Passenger Yes  No   
Address..... Telephone.....
  2. Name..... Passenger Yes  No   
Address..... Telephone.....

Note: If there is any information you cannot give to us now, please mark the question, and let us have it as soon as possible.  
If there is not enough room on this form, please attach a separate sheet of paper. Is a separate sheet attached? Yes  No

**PART L:  
DECLARATION  
AND  
SIGNATURE  
Please read  
and sign**

- I declare that:
1. I authorise NZI to move the vehicle to a claims assessing centre for examination and assessment.
  2. **Material Facts:**
    - (a) All information given to NZI, a business division of IAG New Zealand Limited in connection with this claim (whether oral or written) is true and correct;
    - (b) No information relevant to the claim is omitted;
  3. **Use of Information:**
    - (a) My personal information collected by NZI in connection with this claim may be disclosed to:
      - (i) other members of the insurance industry and Insurance Claims Register Ltd;
      - (ii) parties repairing or replacing the subject matter of the claim;
      - (iii) parties who have a financial interest in the subject matter of the policy;
    - (b) My personal information held by any other parties in connection with this claim may be disclosed to NZI;
- Please note:**
- We gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you refuse to provide it, we may decline your claim.
  - This information is held by us and you may access it. It may be passed onto other insurers you deal with, repairers and mortgagees etc.
  - Your claims history is passed onto, and held by, Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.

Signed by  Driver

Insured

Date