

Claims Contact Details

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Vehicle accident claim form

Please help us to help you by:

- Completing all questions in full as this can avoid the need for further enquiry and possible delay in settling your claim
- Signing and dating page 4 of this form

Insurance fraud is a crime – please ensure all information is correct. Autosure has a policy of prosecuting any offender for fraudulent claims.

1. Policyholder(s) details

Policy number				Claim number (If known)			
Full name	(Mr, Mrs, Miss, Ms)						
Postal address							
Telephone numbers	Home	Work		Mobile			
Email	Date of birth		/	/	Age		
Occupation	Employer						

2. Person driving or in charge of the vehicle (to be completed, even if parked)

Full name	(Mr, Mrs, Miss, Ms)					
Address						
Telephone numbers	Home	Work		Mobile		
Email	Date of birth		/	/	Age	
Occupation	Relationship to Policyholder					

- (a) Are they the main driver of the Insured vehicle?

YES	NO
-----	----
- (b) Has the driver had any condition which could affect their fitness as a driver, e.g. diabetes, epilepsy, heart conditions, physical or mental illness or disability? If Yes, please give details below.

YES	NO
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(c) Within 12 hours before the accident, had the driver

- | | | | | |
|---|-----|----|--------------------------------|--|
| 1. Consumed any alcohol? | YES | NO | If Yes state type and quantity | |
| 2. Consumed any intoxicating substance? ... | YES | NO | If Yes state type and quantity | |
| 3. Taken any drugs? | YES | NO | If Yes, state type and purpose | |

(d) Since the accident has the driver

- | | | | | |
|-----------------------------------|-----|----|-----------------------------------|---------------------|
| 1. Undergone a breath test? | YES | NO | If Yes, indicate result | POSITIVE / NEGATIVE |
| 2. Undergone a blood test? | YES | NO | If Yes, indicate official results | |

3. Details of drivers license

(a) Licence number (5a)			Version number (5b)			
(b) Type of licence	Full <input type="checkbox"/>	Learners <input type="checkbox"/>	Restricted <input type="checkbox"/>	Disqualified <input type="checkbox"/>	International <input type="checkbox"/>	Never licenced <input type="checkbox"/>
(c) Country issued by			Expiry date	/ /		

4. Additional Information

(a) Has the policyholder or driver had any other accident, loss or claim in connection with any vehicle during the past five years? If Yes, please give details. Include the date and circumstances of accident/loss.	Policyholder	YES	NO
	Driver	YES	NO
(b) Has the policyholder or driver ever been charged or convicted of any criminal or motoring offence or received any traffic infringement notice? If Yes, please give details. Include the date and circumstances of accident/loss.	Policyholder	YES	NO
	Driver	YES	NO
(c) Has the policyholder or driver had a licence cancelled, suspended or endorsed at any time? If Yes, please give details. Include the date and circumstances of accident/loss.	Policyholder	YES	NO
	Driver	YES	NO

5. Insured vehicle

(a) Year of manufacture	<input type="text"/>	Vehicle make	<input type="text"/>	Vehicle model	<input type="text"/>
Vehicle registration number	<input type="text"/>	Date of purchase	<input type="text"/> / <input type="text"/> / <input type="text"/>	Purchase price	\$ <input type="text"/>
WOF expiry date	<input type="text"/> / <input type="text"/> / <input type="text"/>	WOF issued by	<input type="text"/>	Registration expiry	<input type="text"/> / <input type="text"/> / <input type="text"/>
Purchased from	<input type="text"/>				
(b) Name of registered owner	<input type="text"/>				
(c) Finance Company	<input type="text"/>				
Are payments up to date?					YES NO
(d) Has the vehicle been modified in any way?					YES NO

	Details	Value		Details	Value
Wheels	<input type="text"/>	\$ <input type="text"/>	Suspension	<input type="text"/>	\$ <input type="text"/>
Stereo	<input type="text"/>	\$ <input type="text"/>	Other	<input type="text"/>	\$ <input type="text"/>
Exhaust	<input type="text"/>	\$ <input type="text"/>	Other	<input type="text"/>	\$ <input type="text"/>

(e) Is there any other insurance on the vehicle or its accessories? YES NO

If Yes, please give details

6. Use of the insured vehicle

(a) Was the vehicle being used with the policyholder's knowledge and permission? YES NO

If No, please give details

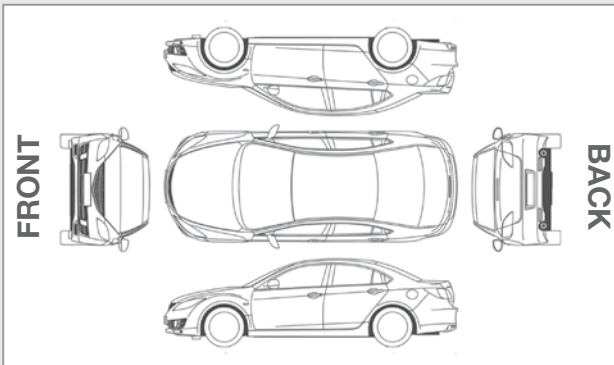
(b) State the exact purpose for which the vehicle was being used at the time of the accident (For example: driving to get to work)

7. Damage to insured vehicle

(a) Give particulars of damage caused from the accident

Indicate damaged areas below:

FRONT



BACK

(b) Was there any unrepaired damage or rust in the vehicle prior to the accident? YES NO

If Yes, please advise where and what:

(c) Is the vehicle still in use? YES NO

(d) Was your vehicle driveable after the accident? YES NO

If No please advise the name and phone number for the towing firm used or the person who towed your vehicle.

Where was the vehicle towed? From To

When was the vehicle towed? Date / / Day Time : am / pm

(e) Where is the vehicle now?

8. Accident details

(a) Date / / Day Time : am / pm Daylight / Dusk / Dark

(b) Location of accident (Street/Town/City)

(c) Weather
Fine ☐ Bright sun ☐ Light rain ☐ Heavy rain ☐ Overcast ☐ Fog ☐

(d) Condition of road surface
Wet ☐ Dry ☐ Gravel ☐ Sealed ☐ Other

(e) Lights on your vehicle
Not on ☐ Park lights ☐ Dipped ☐ High Beam ☐
Lights on third party vehicle
Not on ☐ Park lights ☐ Dipped ☐ High Beam ☐

Was any street lighting switched on? YES NO

(f) What speed limit was in force? What was your speed? Other vehicles speed?

(g) Who is at fault for the accident?

(h) Description of accident circumstances

(i) Please sketch a scene of the accident

Please include:

- Direction of travel and position of vehicles at impact
- Point of impact – mark 'X'
- Street names, traffic lights, stop or give way signs

☒ Your vehicle
☐ Other vehicle(s)

(attach a separate sheet if necessary)

9. Other vehicles involved

If no other vehicles were involved, please write NONE

Has a claim been made against you? YES NO Insurance company

Name of owner/driver	Telephone	Make/Model	Registration
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Police

(a) Was the accident reported to the police? YES NO

Did the police attend the scene of the accident? YES NO

Officer Number of officer

Station

Date reported / / Time reported : am / pm

(b) Have the police issued a Notice of Intended Prosecution, given any verbal or written warning or charged anyone relating to this accident? YES NO

If Yes, to who and for what alleged offence?

11. Passengers in your vehicle

If there were no passengers, please write NONE

Full Name	Telephone	Relationship to Driver	Licence Details (eg. Full, Restricted, etc)

11. Witnesses

If there were no witnesses, please write NONE

Name and Address	Telephone	Where was the witness at the time of the accident?

If the witness has provided a written statement please attach

12. Other property damaged

If no other property was involved, please write NONE

Has a claim been made against you?

YES

NO

Insurance company

Name and Address of owner	Telephone	Description of property & apparent damage

13. Is there any other information we should know about?

14. Declaration/Privacy Act 1993/Insurance Claims Register

Any inaccurate, incomplete or untruthful information may jeopardise your claim and/or your Policy and we may reduce benefit or provide no benefit at all. Please tell us everything that you know that is relevant to this claim. You may be required to provide further information.

This claim form collects personal information in order to evaluate your claim. The information collected will be retained by Autosure at 12 - 14 Northcroft St, Takapuna 0622 and Vero at 48 Shortland Street, Auckland.

Individuals have a right to request access to and correction of their personal information subject to the Privacy Act 1993

I/We

- (a) declare that the information given in support of this claim is complete and correct in every detail and that I/we have disclosed all relevant information.
- (b) agree that Autosure and Vero (you) will deal with all claims arising from this accident on my/our behalf. I/We acknowledge that you have full discretion in conducting the defence or settlement of any claim and in prosecuting in my/our name any claim for indemnity or damages.
- (c) authorise the disclosure of the personal information regarding this claim to other parties
- (d) authorise you to obtain from any other party, personal information about me/us that you require to assist in the evaluation of this claim.
- (e) authorise you to obtain from the Insurance Claim Register Limited (ICR Ltd) personal information about me/us that is in your view relevant to this claim
- (f) authorise details of this claim to be placed on the database of the Insurance Claim Register Limited (ICR Ltd), PO Box 474, Wellington, where it will be retained and be available to other insurance companies to inspect.

The collection of this information is required under the terms of your policy. Failure to provide it may result in your claim being declined.

Signature of the Policyholder(s) (If the policy is in joint names, both signatures are required)

Date / /

Signature of the driver or the person in charge of the vehicle

Date / /