

MOTOR VEHICLE CLAIM FORM

Pursuant to the Privacy Act 1993 the following is brought to your attention:

- This claim form collects personal information about you;
- The information is collected to evaluate your claim;
- The intended recipient of the information is: _____

(hereinafter called "the Company") and is being held by them at: _____

- The collection of this information is required pursuant to the terms of your insurance policy;
- The failure to provide this information may result in your claim being declined;
- You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

1. POLICYHOLDER

Surname of insured

OR Name of company

First names of insured

Address

Email

Contact telephone numbers (hm)

(bus)

Name of any other party with financial interest in the vehicle

Is there any other insurance on the vehicle or accessories Yes No

INSURED VEHICLE

Make

Model

Type (eg. Van, Car, Artic, Flat-top etc.)

Year

Reg No

Has the vehicle been modified in any way Yes No

Is the vehicle a used import Yes No

Has the vehicle a current Certificate of Fitness Yes No

2. PERSON DRIVING OR IN CHARGE OF THE INSURED VEHICLE (to be completed, even if parked)

Full Name (Mr/Mrs/Miss/Ms)

Address

Date of Birth / /

Occupation

Telephone Number (hm)

(bus)

Relationship to policyholder:

Licence Number

Full / Learner's / Restricted

Expires / /

Licence Classes (7)

Licence Conditions (8)

Licence Endorsements (9)

Issued by

1 2 3 4 5 6

A B C D E F G H I J K L

D F I O P R T V W

1. Was the vehicle being driven with the owner's consent? Yes No If "no" please provide detail

2. Is he/she the main driver of the insured vehicle? Yes No

3. If not the Policyholder do you own a vehicle? (name of insurance company) Yes No If "yes" please provide detail

4. Did driver consume liquor and/or drugs (incl. medication) within 24 hours prior to the accident? Yes No

5. Did the Police attend? Yes No

6. Was a breathalyser, or blood test, or any other such test done? Yes No

7. During the past 5 years, have you:
i. Been convicted of any offence other than parking Yes No

ii. Had any other accident, loss of claim in connection with any motor vehicle (brief details of year/cost/insurance company) Yes No

If 'yes', please advise further details

3. DETAILS OF OTHER PERSONS

Passengers in your vehicle

Name

Address

Telephone

Name

Address

Telephone

Independent Witnesses

Name

Address

Telephone

Name

Address

Telephone

Driver/Owner of other vehicle or property

Name

Address

Telephone

Insurance Co.

Details of vehicle/property

Registration number

Name

Address

Telephone

Insurance Co.

Details of vehicle/property

Registration number

4. DETAILS OF LOSS OR ACCIDENT (Please continue on a separate sheet, if necessary)

Date _____ Time _____ am/pm (delete one)

Location (eg. Street) _____ Suburb or Town _____

Weather: Rain Overcast Fog Bright Sun Clear Night

Road: Sealed Metal Wet Dry

What speed limit was in force? 50 Km/hour 100 Km/hour Other _____

What was your speed: Prior to braking _____ At impact _____

Please state reason for journey _____

Describe in detail how the accident occurred _____

Who, in your opinion, caused the accident? _____

5. DAMAGE TO INSURED VEHICLE (NB: Do not proceed with repairs without the Company's authority)

Describe damage _____

Repairer _____ Telephone _____ Estimate \$..... _____

If not at above, date of repair _____

OR where can vehicle be inspected _____

6. SKETCH PLAN OF ACCIDENT (Please continue on a separate sheet, if necessary)

Indicate: Street names; direction of vehicles. Your vehicle \longrightarrow Other vehicle \dashrightarrow

Bank Account No.

Bank	Branch	Account Number	Suffix
[][]	[][][][]	[][][][][][][][]	[][][]

DECLARATION: Note: Failure to provide full and truthful information could result in the Claim being declined.

1. **I/We agree to 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) P.O. 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 The Company and ICR Ltd.
2. **I/We agree to The Company obtaining personal information about me/us that is, in The Company's view, relevant to this claim.**
 - a. From any other party including other members of the Insurance Industry and from Insurance Claims Register Ltd (ICR Ltd) which holds details to claims made by me/us under policies with other insurers.

All the information and answers (whether written or oral) given to The Company in connection with this claim are correct and that no information relevant to the claim has been omitted. I/We authorise The Company to act on my/our behalf. ACM Ahlers is a trading entity of ACM Insurances Ltd.

Policyholder's signature _____ Date _____

(If a company, state capacity)

Driver's signature _____ Date _____

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> AUCKLAND CITY
PO Box 91 357, Victoria St West
Auckland 1142
E auckland@acmahlers.co.nz | <input type="checkbox"/> HAMILTON
PO Box 9265, WMC
Hamilton 3240
E hamilton@acmahlers.co.nz | <input type="checkbox"/> KAITAIA
PO Box 455
Kaitaia 0441
E kaitaia@acmahlers.co.nz | <input type="checkbox"/> TAKAPUNA
Private Bag 93 536, Takapuna,
Auckland 0740
E takapuna@acmahlers.co.nz | <input type="checkbox"/> WELLINGTON
PO Box 11 341, Manners Street
Wellington 6142
E wellington@acmahlers.co.nz |
| <input type="checkbox"/> BLENHEIM
PO Box 8
Blenheim 7240
E blenheim@acmahlers.co.nz | <input type="checkbox"/> KERIKERI
PO Box 323
Kerikeri 0245
E kerikeri@acmahlers.co.nz | <input type="checkbox"/> PALMERSTON NORTH
PO Box 4613
Palmerston North 4442
E palmerstonnorth@acmahlers.co.nz | <input type="checkbox"/> WEST AUCKLAND
PO Box 21 372, Henderson
Waitakere 0650
E westauckland@acmahlers.co.nz | <input type="checkbox"/> WHANGAREI
PO Box 1240,
Whangarei 0140
E whangarei@acmahlers.co.nz |