



vehicle claim form

Policy No

Claim No

section 1: insured

Title Mr Mrs Miss Ms Dr Other

Initials Last name (or Corporate name)

Address

Age Phone (Home) (Business)

section 2: driver part 1

Was the insured driving (or in charge of the vehicle if it was parked)? yes **go to the next Section**
 no **Driver in charge must complete this Section**

Title Mr Mrs Miss Ms Dr Other

First names Last name

Address

Age Phone (Home) (Business)

Relationship to Insured (e.g. spouse, son, daughter etc.)

Do you own a motor vehicle which is insured? yes no

If 'Yes', name of insurer

(now go to the next Section)

section 3: driver part 2

Was the vehicle being driven? yes **complete the details below**
 no **go to the next Section**

Do you have a current New Zealand driver's licence for this type of vehicle? yes no

If 'Yes', how long have you had it? Is it a full, restricted or learner's licence?

If it's an overseas licence, which country issued it:

Have you ever been refused motor vehicle insurance or had a policy cancelled by an insurer? yes no

If 'Yes', give details

Within the last 5 years, have you:

a) Had a **motor accident** (regardless of blame) including broken glass, **fire** or **theft**, whether or not a claim was made against an insurance policy. yes no

If 'Yes', give details including date/s, costs, and Insurer, if any

b) Had a conviction or been fined for any motoring offence (other than parking)? yes no

If 'Yes', give details, including penalties

section 4: ownership

Is the Insured the registered owner? yes no

If 'No', supply owners name

Do you owe money on the vehicle to any person or firm? yes no

If 'Yes', supply details

section 5: insured vehicle

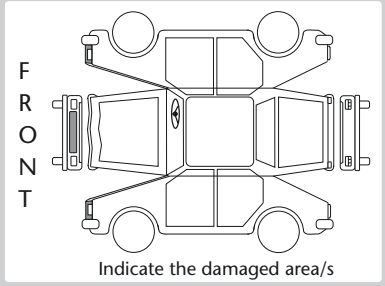
Make Model Year Made

Registered No. Repairer

What arrangements have you made for our inspection:

At repairer now OR Repairer to phone us when vehicle available

Other



section 6: use

Was the vehicle being used in connection with any trade or business or carrying any goods? yes **state the purpose of use**

no **go to the next Section**

section 7: description of accident

Day of accident Date Time am pm

Name of street travelling on

If at intersection, name of intersecting street(s)

Town or city

Was there a: Stop Sign yes no OR Give way Sign yes no OR any Traffic Lights yes no

If 'Yes' were they in your favour? yes no

Was the road wet? yes no

Were your headlights on? yes no If 'Yes' Full OR Dipped

What happened:

section 8: liability

Who was at fault and why?

section 9: sketch plan

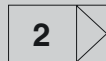
Please show clearly:

- Direction travelling and where each vehicle was prior to accident
- Point of impact - mark "X"
- Names of all streets, and location of any Traffic lights, "Stop" or "Give Way" signs.

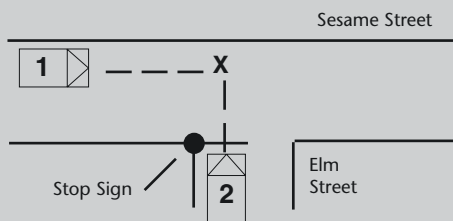
Your vehicle



Other vehicle



EXAMPLE



section 10: other vehicle/s details

Were any other vehicles involved? yes **complete the details below**
 no **go to the next Section**

Other driver's name, address Ph. no.
 Other owner's name, address Ph. no.
 No. of passengers in other vehicle Make of other vehicle
 Registered No. Insurer
 Brief details of damage

Other driver's name, address Ph. no.
 Other owner's name, address Ph. no.
 No. of passengers in other vehicle Make of other vehicle
 Registered No. Insurer
 Brief details of damage

section 11: authorities

Was the accident reported to the police? yes no

Was any intoxicating liquor &/or drugs (prescribed or otherwise) consumed by the driver within 12 hours before the accident? yes no

If 'Yes', give details - include time, quantity and place

Was a breathalyser or blood test, or any other test requested? yes no

If 'Yes', state result

section 12: passengers/witnesses

Were there any passengers in your vehicle or other witnesses? yes **complete the details below**
 no **go to the next Section**

Passengers in your vehicle

Name and address Ph. no.
 Name and address Ph. no.
 Name and address Ph. no.

Other witnesses

Name and address Ph. no.
 Name and address Ph. no.

section 13: other property

Was any other property (e.g. fences, poles etc.) damaged in this accident? yes **complete the details below**
 no **sign the Declaration below**

Description of Property	Name and address of owner	Insurer (if any or known)

declaration

I confirm that:

- The information given is entirely true and correct and that I have not withheld any information relevant to the acceptance of this insurance. Where I have given information about someone else, I confirm that I have their permission to do so and that their information may be treated in the same way as mine.
- Where any information I have provided is incorrect or has been withheld, AMI Insurance Limited, its successors and assigns ("AMI") may reduce my claim or treat it as void from the outset.
- AMI, an insurance business within IAG's New Zealand group of companies and the other companies in that group (together the "IAG NZ Group"), is authorised to:
 - Obtain from any other person, including other members of the IAG NZ Group and Southern Response Earthquake Services Limited ("Southern Response"), information about my insurance history (including information related to claims) or any other matter relevant to this policy, any claim by or relating to me, or additional or future insurance I might take out with AMI or other members of the IAG NZ Group and use and disclose such information for the purposes of IAG NZ Group's insurance business in accordance with its applicable privacy policy;
 - Disclose to any other person, including other members of the IAG NZ Group, information about this claim, policy or previous or future insurance with the IAG NZ Group, if the person making the request is entitled to the information or if the IAG NZ Group determines at its discretion that the person is properly acting on my behalf and that the disclosure of the information will be to my benefit;
 - Disclose information (including information related to claims) that the IAG NZ Group has collected or collects about me, to Southern Response for the purposes of Southern Response evaluating, processing, managing and settling any claims, and any matters that are necessary for, or incidental to, such purposes and other insurance purposes, in accordance with Southern Response's privacy policy; and
 - Send me commercial electronic messages (e.g. texts, emails and faxes) for any of the purposes set out in AMI's privacy policy, including the marketing to me of products and services of the IAG NZ Group.
- I understand this information is obtained and will be held by the IAG NZ Group at 1 Fanshawe Street, Auckland for the purposes of evaluating and processing my claim and for other insurance purposes (including verifying identity, considering whether to provide insurance to me, offering quotes, providing insurance and to administer my insurance policy), and may also be used to tell me about other products offered by the IAG NZ Group.
- I am aware that the Privacy Act 1993 entitles me to have access to and request correction of this information.

Signature of Driver

Date

Signature of Policyholder

Date