



# vehicle claim form

Policy No

Claim No

## section 1: customer

Title  Mr  Mrs  Miss  Ms  Dr  Other (please specify)

Initials  Last/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 (please specify)

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

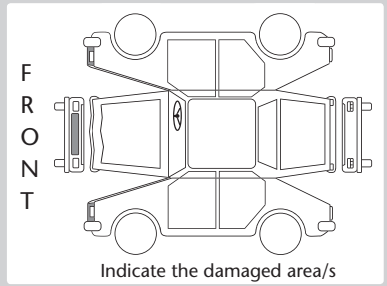
Make  Model  Year Made

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.

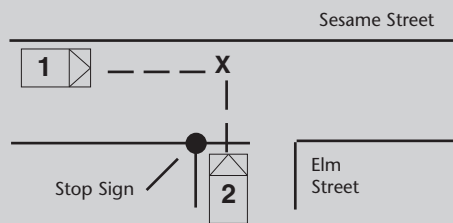
Your vehicle



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/we declare that the information and answers given above are true in every detail and that all relevant information has been disclosed. I/we authorise AMI Insurance Limited to give to or obtain from any other party any information that in AMI Insurance Limited's view is relevant to this claim. I/we understand that:

- the claim may be refused if information is untrue or concealed.
- the information (which AMI Insurance Limited will retain) is needed before it will decide whether to accept this claim.
- the Privacy Act 1993 entitles me to have access to and if necessary request correction of the information.

Signature of Driver  Date

Signature of Insured  Date