



**MOTOR ACCIDENT CLAIM FORM**

CLAIM NUMBER	POLICY NUMBER	<p>Please answer all questions in full and attach any relevant documentation eg receipts          The information you provide must be accurate and it is essential that all statements are true and correct. If you exaggerate or inflate the amount of any loss, or provide false or misleading information you will jeopardise the acceptance of your claim. Autosure has a policy of prosecuting any offender for fraudulent claims.</p> <p><b>PLEASE COMPLETE THIS FORM BY EITHER FILLING IN THE SPACE PROVIDED OR TICKING OR CIRCLING THE ANSWER.</b></p>
<p><b>CLAIMS HELPLINE PHONE</b>  <b>0800 227 787</b>  <b>Fax Number (09) 363 5767</b>  <b>email: autosure_motor@vero.co.nz</b></p>		

**THE INSURED (S)**

Title (Mr, Mrs, Miss, Ms)	First Names	Last Name	
Postal Address			
Phone: Home ( )	Phone: Work ( )	Phone: Mobile	Email
Occupation	Employer	Date of Birth / /	Age
Are you the registered owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, who is?	Are you/they the sole owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, the co-owners name is:
Contact details for registered owner and/or co-owner:			

**DRIVER OR PERSON IN CHARGE OF INSURED VEHICLE (TO BE COMPLETED EVEN IF PARKED)**

Title (Mr, Mrs, Miss, Ms)	First Names	Last Name	
Address			
Phone: Home ( )	Phone: Work ( )	Phone: Mobile	Email
Occupation	Employer	Date of Birth / /	Age
Drivers Licence Date of Issue / /	Drivers Licence Expiry Date / /	Issuing Country	
Licence & Version Number	Current Drivers Licence Status <input type="checkbox"/> Learners <input type="checkbox"/> Restricted <input type="checkbox"/> Full <input type="checkbox"/> Disqualified <input type="checkbox"/> Never Licensed		Classes / Endorsement
Driver's Relationship to the Insured:		How often does the driver use the vehicle?	
Does the driver have 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 and include the name and daily dose of any drugs prescribed. .....			

**ADDITIONAL INFORMATION – THIS SECTION RELATES TO THE INSURED AND THE DRIVER OR PERSON IN CHARGE OF THE VEHICLE**

During the last 7 years have either you or the person who was driving or in charge of the insured vehicle:

a. Had any insurance refused or declined, had a policy cancelled, a renewal not invited, or special terms or conditions imposed by an insurer?  Yes  No

b. Made a claim under any policy of insurance?.....  Yes  No

c. Had a claim declined under any policy of insurance? .....  Yes  No

d. Had any accident, fire or any loss in connection with a motor vehicle (regardless of blame or whether an insurance claim was made)?.....  Yes  No

e. Had a driver's licence cancelled, suspended or endorsed? .....  Yes  No

f. Been charged and/or convicted of any offence in connection with a motor vehicle or received any traffic infringement notice (including red light and speed camera fines) or have any prosecutions pending?.....  Yes  No

g. Been charged and/or convicted of any criminal offence or have any criminal prosecution pending? .....  Yes  No

h. Been declared bankrupt?.....  Yes  No

If you have answered Yes to any of the above, please provide full details including dates, names, penalties and insurance companies:  
 .....  
 .....  
 .....

**YOUR VEHICLE**

Year	Make	Model (GLX / LTD / Ghia)	Type (sedan / hatch)	Registration Number
WOF Issued By ..... On / /		Last Service by ..... On / /	Date of Purchase ..... Price \$	Purchased from
Detail any modifications since manufacture: ..... .....				
Is the vehicle subject to any hire, lease or finance agreement including hire purchase? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, who is the Finance Company? .....				
Are all payments up to date? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the vehicle or any of its accessories insured under any other policy of insurance?..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, please give details .....				

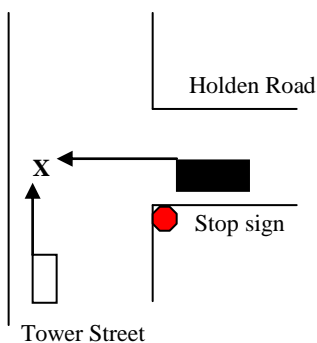
**THE ACCIDENT**

Date / /	Day of Week	Time am / pm	Was it ... <input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Dark	Street Lighting was: <input type="checkbox"/> On <input type="checkbox"/> Off
Location including street name(s), suburb & town .....				
At the time and place of the accident what:				
a) Were the driving conditions? <input type="checkbox"/> Light Rain <input type="checkbox"/> Heavy Rain <input type="checkbox"/> Foggy <input type="checkbox"/> Overcast <input type="checkbox"/> Bright Sun <input type="checkbox"/> Clear <input type="checkbox"/> Other.....				
b) Were the road conditions? <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Other .....				
c) Was the road surface? <input type="checkbox"/> Sealed <input type="checkbox"/> Gravel <input type="checkbox"/> Other .....				
d) Was the lighting on your vehicle? <input type="checkbox"/> High Beam <input type="checkbox"/> Dipped <input type="checkbox"/> Park lights <input type="checkbox"/> Hazard Lights <input type="checkbox"/> Not in use <input type="checkbox"/> Other .....				
e) Was the lighting on the third party vehicle? <input type="checkbox"/> High Beam <input type="checkbox"/> Dipped <input type="checkbox"/> Park lights <input type="checkbox"/> Hazard Lights <input type="checkbox"/> Not in use <input type="checkbox"/> Other .....				
f) Was your speed prior to the collision? .....kph				
g) Was your speed at the time of impact? ..... kph				
h) Is your estimate of the speed of the other party? .....kph				
i) Was the speed limit in force? ..... kph				
j) Purpose was the insured vehicle being used for? ('Private' is not sufficient) .....				
Please state fully and clearly how the accident occurred (attach a separate sheet if necessary). ..... ..... .....				
After the accident did you have any conversations with other drivers, witnesses or other people ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, who was it and what was said?..... ..... .....				
Who do you think is at fault for this accident and why? .....				

Please sketch a scene of the accident (attach a separate sheet if necessary). Please include:

- Direction of travel and position of each vehicle prior to impact
- Point of impact – mark 'X'
- Name of all streets and location of any traffic lights, stop or give way signs.

■ Your vehicle □ Other vehicle



**AUTHORITIES**

Has the accident been reported to the Police? .....  Yes  No      Did the police attend the scene of the accident? .....  Yes  No

If the accident has been reported to the police, please advise the following and attach a copy of the Complaint Acknowledgement Form:

Date Reported:	Police Station reported to:	Police Officer Reported to:	Reported by (name):	Police File Number:
----------------	-----------------------------	-----------------------------	---------------------	---------------------

In the 12 hours immediately prior to the accident did the driver of your vehicle take or consume any intoxicating substance, alcohol or drug (prescribed or otherwise)? .....  Yes  No

If Yes, please provide full details including type, time and quantity .....

Did any of the parties involved in the accident undergo a breath test or blood test or any other test requested by a Police Officer either shortly prior to or any time after the accident? .....  Yes  No

If Yes, what was the test and result? .....

Have the Police issued a Notice of Intended Prosecution, or given any verbal warning?.....  Yes  No

If Yes, to whom and for what alleged offence(s)? .....

**DAMAGE TO YOUR VEHICLE**

Where is the vehicle now? .....

Is the vehicle still in use? .....  Yes  No      Was your vehicle drivable after the accident? .....  Yes  No

If No, please advise the name and phone number for any towing firm used.

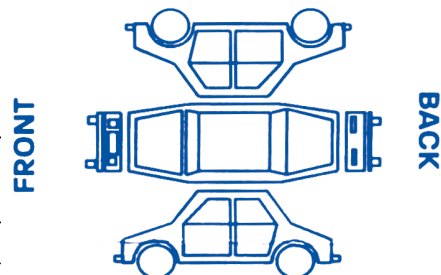
Where was the vehicle towed? From ..... To .....

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

Prior to this collision what was:

- a. The overall condition of the vehicle? .....
- b. Condition of paintwork? (Blemishes, stone chips etc).....  
Condition of interior trim? .....
- c. Condition of engine and transmission? .....
- d. Condition of body parts (dents, rust, previous damage)? .....

Is there any other information we should know about your vehicle?.....



**OTHER PARTIES INVOLVED (IF APPROPRIATE PLEASE INCLUDE IN ABOVE DIAGRAM OF THE ACCIDENT AND MARK ACCORDINGLY)**  
**PARTY "A"**

Title (Mr, Mrs, Miss, Ms)	First Names	Last Name	
Postal Address			
Phone: Home (    )	Phone: Work (    )	Phone: Mobile	Email
Vehicle Make, Model and Registration			Insurance Company

**PARTY "B"**

Title (Mr, Mrs, Miss, Ms)	First Names	Last Name	
Postal Address			
Phone: Home (    )	Phone: Work (    )	Phone: Mobile	Email
Vehicle Make, Model and Registration			Insurance Company

PASSENGERS IN YOUR VEHICLE			
Title (Mr, Mrs, Miss, Ms)	First Names	Last Name	
Postal Address			Passenger
Phone: Home ( )	Phone: Work ( )	Phone: Mobile	Email
Drivers Licence Date of Issue / /	Drivers Licence Expiry Date /	Licence & Version Number	Current Drivers Licence Status <input type="checkbox"/> Learner <input type="checkbox"/> Restricted <input type="checkbox"/> Full <input type="checkbox"/> Disqualified <input type="checkbox"/> Never Licensed
WITNESSES			
Title (Mr, Mrs, Miss, Ms)	First Names	Last Name	
Postal Address			Witness
Phone: Home ( )	Phone: Work ( )	Phone: Mobile	Email

Is there any other information that we should know about?

.....

.....

.....

.....

.....

**DECLARATION/PRIVACY ACT 1993/INSURANCE CLAIMS REGISTER**

**PLEASE READ THE FOLLOWING SECTION CAREFULLY.**

**IMPORTANT:**

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

Where a claim is made against a Policy, it may affect your next year's renewal for example by variation of the premium and/or excess or the policy may not be renewed at all.

**PRIVACY ACT 1993**

This claim form collects personal information in order to evaluate your claim. The information collected will be held by Autosure New Zealand ("Autosure"), 61 Hurstmere Road, Takapuna, Auckland and by Vero Insurance New Zealand Limited ("Vero"), 48 Shortland Street, Auckland. Failure to provide any personal information requested may result in your claim being declined.

Details of this claim may 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.

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

**DECLARATION AND AUTHORISATION**

I/We declare that subject to any rights I/we have under the Criminal Records (Clean Slate) Act 2004, the information given in support of this claim is complete and correct in every detail and that I/we have disclosed all relevant information. I/We agree to give any further information that may be required

I/We agree that Autosure and/or Vero will deal with all claims arising from this accident on my/our behalf. I/We acknowledge that Autosure and Vero 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.

I/We authorise Autosure and Vero to give and obtain from other Insurance Companies, Insurance Brokers, the ICR Ltd or any other party any information about or relevant to this claim and/or policy.

I/We authorise any party, which holds information about me/us to disclose to Autosure or Vero any information required by them to assist in the evaluation of this claim.

Person in Charge of Vehicle: Signature ..... Date / /

Insured's Signature ..... Date / /

Insured's Signature ..... Date / /

**(NOTE: IF THE POLICY IS IN JOINT NAMES, BOTH INSURED PARTIES ARE REQUIRED TO SIGN THIS FORM)**

Autosure's insurance products are underwritten by Vero Insurance New Zealand Limited, 48 Shortland Street, Auckland

