

# Commercial Motor Vehicle Accident Claim Form



**Please help us to help you by:**

- Completing all relevant 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**

## 1. Policyholder(s) details

Policy Number			Claim Number (If known)		
Insured Name				Business Email	
Address					
Telephone	Business			Mobile	
Occupation				Employer	

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

Full Name					
Address					
Telephone	Home			Business	Mobile
Email	Home			Business	
Date of Birth	/ /	Relationship to Policy Holder			
Occupation				Employer	

- (a) Are they the main driver of the insured vehicle? ..... Yes  No
- (b) If not the Policyholder, does the driver own a vehicle? ..... Yes  No

Insured with	Make/Model	Registration

- (c) 1. Has the driver had any other accident, loss or claim in connection with any vehicle during the past five years? Yes  No   
If YES, please give details. Include date and circumstances of accident/loss.

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2. Has the driver ever been charged or convicted of any criminal or motoring offence or received any traffic infringement notice? If YES please give details. Include offence code. Yes  No

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3. 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? Include daily dosage and the name of the drugs. Yes  No

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- (d) Within 12 hours before the accident, had the driver

1. Consumed intoxicating liquor? Yes  No  If YES, state quantity
2. Taken any drug? Yes  No  If YES, state type and purpose

- (e) Since the accident has the driver

1. Undergone a breath test? Yes  No  If YES, indicate result
2. Undergone a blood test? Yes  No  If Yes, Indicate official result

## 3. Insured Vehicle

(a) Vehicle registration no.		Make/Model		CC Rating	
Warrant of Fitness no.		Expiry Date	/ /	Issued by	
Year of Manufacture		Date of Purchase	/ /	Purchase Price	\$

- (b) Name and address of registered owner:

- (c) Is this vehicle subject of any hire, lease or finance agreement including hire purchase? ..... Yes  No   
If yes, please give name and address

- (d) Has the vehicle been modified in any way? ..... Yes  No   
If yes, please give details

- (e) Is there any other insurance on the vehicle or it's accessories? ..... Yes  No   
If yes, please give details

**4. Use of the insured vehicle**

(a) Was the vehicle being used with the policy holders knowledge and permission? ..... Yes  No   
 If No, give full details

(b) State the exact purpose for which the vehicle was being used at the time of the accident ("Private" is not sufficient)

**5. Damage to insured vehicle**

(a) Give particulars of damage and estimated cost of repairs (if known)


Estimated cost of repairs ..... \$

(b) Was there any unrepaired damage or rust in the vehicle immediately prior to the accident? ..... Yes  No   
 If Yes, please advise where and what:

(c) Name and address of repairer  
 Telephone number

(d) Is the vehicle still in use? ..... Yes  No   
 If No, where is the vehicle now

(e) Who should we contact to make any appointment to inspect the vehicle?  
 Name and address  
 Telephone number

**6. Accident details**

What, in your opinion, caused the accident?

(a) Date / / Time AM / PM Was it.... 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  Seal  Other

(e) Lighting on your vehicle Not on  Park  Dip  Full

(f) Lighting on third party vehicle Not on  Park  Dip  Full

(g) Description of accident circumstances

(h) Explanatory sketch: (Please indicate the layout of the road(s) and approximate measurements; names of street(s)/road(s); position of vehicles and persons involved; the direction in which the vehicles were travelling; the skid marks of all vehicles, where known; any road markings, road signs, traffic lights, street lights, pedestrian crossings)

<b>X</b>	Your Vehicle
	Other vehicle(s)

**7. Police**

(a) (i) Was the accident reported to the police? ..... Yes  No

(ii) Did the police attend the scene of the accident? ..... Yes  No

If yes, name/number of officer  Station

(b) 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?

**8. Details of driver's licence**

(a) Licence Number  Type of licence  Issued by

(c) For what classes of driving is it valid  Expiry date  / /

**9. Witnesses – Including all passengers travelling in your vehicle**

If there were no passengers please write "NONE"

Name and telephone number	Address	Where was the witness at the time of accident

**10. Other vehicles involved**

Has a claim been made against you? Yes  No  If no other vehicles involved please state "NONE"

Name, address and telephone number of owner	Make/Model	Registration No.
Apparent damage <input type="text"/>	Insurer/Broker/Policy No. <input type="text"/>	
Apparent damage <input type="text"/>	Insurer/Broker/Policy No. <input type="text"/>	
Apparent damage <input type="text"/>	Insurer/Broker/Policy No. <input type="text"/>	

**11. Other property damaged**

Has a claim been made on you? Yes  No  If no other property involved, please write "NONE"

Name, address & telephone number of owner	Description of property and apparent damage	Insurer / Broker / Policy No.

**12. Direct crediting authority**

If your claim is accepted and there is payment(s) to you, we can pay this amount direct into your bank account by direct credit. If you would like us to make this direct credit, please complete details below. You will be advised if a payment has been made following acceptance of your claim.

Do you wish to use this facility? Yes  No  Name of account

I/We authorise the payment to be made into this bank account. (Please attach a deposit slip)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	Branch	Account Number	Suffix

**13. Indemnity request**

Please 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. I/We agree that, if the policy covers the cost of repairs to the Insured vehicle, you may authorise these repairs on my/our behalf by the repairer named above, or by such other repairer to whom the vehicle has been submitted with my/our permission; alternatively, you may move the vehicle to safe storage.

**14. Declaration/privacy Act 1993/Insurance Claims Register**

**I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct.**

I/We

(a) agree to give any further information that may be required;

(b) understand you require this personal information, which will be retained by you at 48 Shortland Street, Auckland before you can evaluate my/our claim;

(c) authorise the disclosure of this personal information regarding this claim to other parties;

(d) authorise the obtaining by you from any other party personal information about me/us that is in your view relevant to this claim;

(e) authorise the obtaining by you from Insurance Claims Register Limited (ICR Ltd), which holds details of claims made by me/us under policies with other insurers, personal information about me/us that is in your view relevant to this claim;

(f) authorise you to place details of this claim on the database of ICR Ltd, PO Box 474, Wellington, where it will be retained and be available to other insurance companies to inspect;

(g) understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by you and ICR Ltd.

(h) 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 making the claim  Date  / /