

POLICY NUMBER



MOTOR VEHICLE CLAIM FORM

# WHEELS

MOTOR VEHICLE CLAIM FORM

THIS FORM MUST BE COMPLETED IN FULL. IF A QUESTION DOESN'T APPLY PLEASE WRITE "N/A". YOU MUST ANSWER ALL RELEVANT QUESTIONS TRUTHFULLY. FAILING TO DO SO MAY PREJUDICE YOUR CLAIM.

1 INSURED PERSON

Name
Address

2 REGISTERED OWNER

Name	Email
Phone (hm)	Mobile
Address (hm)	

3 INSURED VEHICLE

Make	Model	Year	Rego
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Has the vehicle been modified in any way?  Yes  No

Details

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

Details

Does anyone else have a financial interest in the vehicle? (eg hire purchase, loan etc)  Yes  No

Name	Address
Name	Address

Is there any pre-existing damage to vehicle?  Yes  No

Details

Is the vehicle auto or manual?

<p>Indicate areas of damage to your vehicle</p>	Are you claiming for damage to your vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Details
Do you have a preferred repairer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	
Address	
Phone	

### 4 DRIVER

TO BE COMPLETED BY THE DRIVER OR PERSON LAST IN CONTROL OF THE VEHICLE

Name	Address	
Phone (hm)	Occupation	Relationship to insured
DOB	Mobile	Email

While in control of the vehicle, did you have a current drivers licence for that type of vehicle?  Yes  No

What class of vehicle are you licenced to drive? (7 on your licence)

What type of licence do you hold? (eg full / restricted / learners / international)	Years held
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Driver licence number (5a on your licence)	Drivers licence version (5b on your licence)
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Is your drivers licence subject to any restrictions?  Yes  No

Details

Have you been convicted of a traffic or driving offence in the past 5 years?  Yes  No

Details

Have you ever had a previous motor vehicle accident?  Yes  No

Details

ANSWER THE NEXT THREE QUESTIONS ONLY IF THE DRIVER IS NOT THE INSURED PERSON

Was the vehicle being driven with the authority and permission of the person insured?  Yes  No

Do you own a vehicle of your own?  Yes  No

Make	Model
Year	Rego

Have you ever been refused vehicle insurance or had a policy cancelled by an insurer?  Yes  No

Details

### 5 ACCIDENT

TO BE COMPLETED BY THE DRIVER

Exact time of the accident	am / pm	Day	Date
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Why was the vehicle being used?

Journey was from \_\_\_\_\_ to \_\_\_\_\_

Where did the accident happen?

Describe in full how the accident occurred

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 6 SKETCH PLAN OF THE ACCIDENT

Please indicate clearly

- direction and position of each vehicle before and after impact
- any traffic lights, stop or give way signs
- direction of north (if known)
- the point of impact (mark X)
- names of all streets

Driving conditions (tick the appropriate box(es) for each section)						
Weather	<input type="checkbox"/> fine	<input type="checkbox"/> bright sun	<input type="checkbox"/> overcast	<input type="checkbox"/> fog	<input type="checkbox"/> light rain	<input type="checkbox"/> heavy rain
Road surface	<input type="checkbox"/> sealed	<input type="checkbox"/> slippery	<input type="checkbox"/> metal	<input type="checkbox"/> clay	<input type="checkbox"/> good	<input type="checkbox"/> wet
Lighting (scene of accident)	<input type="checkbox"/> none	<input type="checkbox"/> poor	<input type="checkbox"/> good	<input type="checkbox"/> excellent		
Lighting (vehicle)	<input type="checkbox"/> not on	<input type="checkbox"/> park	<input type="checkbox"/> dip	<input type="checkbox"/> full		

What was your speed?	* prior to the accident	km/h	* at impact	km/h	* speed limit for the area	km/h
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Was your vehicle on the correct side of the road? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how far from the kerb?	metres
If no, where was it?	

### 7 POLICE INVOLVEMENT

Did a police officer attend the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	OR were the police advised of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name or number of the officer	Station	Event number

Had the driver consumed any intoxicating liquor or taken any drugs within 12 hours of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Liquor / drug	Quantity	Over what time period

Was a breath or blood alcohol test taken after the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Result	

Have you been advised whether any person is to be charged with any offence in respect of this accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Charge

**8 OTHER PARTIES**

Do you consider the accident to be your fault? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, why not?			
In your opinion, what was the cause of the accident?			
Name (owner of the other vehicle / property)			
Address		Phone	
Details of the other vehicle	Make	Model	Rego
Insurer of the other vehicle	Company	Branch	Claim number

**DAMAGE TO OTHER PROPERTY (FENCES, CLOTHING, POLES ETC)**

Description of property	
Name of owner	Address
Insurance company	Branch

**WITNESS / PASSENGER DETAILS**

	Name	Address	Phone
Own passengers <input type="checkbox"/> Yes <input type="checkbox"/> No	1.		
	2.		
Independent Witnesses <input type="checkbox"/> Yes <input type="checkbox"/> No	1.		
	2.		

PLEASE SUPPLY A COPY OF YOUR DRIVERS LICENCE WITH YOUR FORM (ALONG WITH A COPY OF YOUR SUPERVISORS LICENCE IF RELEVANT)

- The issue of this form is not an admission of liability
- No liability is to be admitted to a third party, or offer made to compensate for damage
- No repairs are to be done without NAC Insurance’s permission
- All communications should be forwarded to NAC Insurance immediately

**9 DECLARATION**

The Insurance Claims Register Ltd (ICR), PO Box 474 Wellington, holds details of claims made after 1 February 1998 under policies issued by Participating Insurers. Participating Insurers can check details of your claim history on the ICR.

I agree that NAC Insurance as a Participating Insurer may give to or obtain from ICR details of information relevant to this claim.

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief, and I undertake to assist NAC Insurance to the full in dealing with this matter.

I also authorise NAC Insurance to obtain any information relative to the claim from any appropriate authority eg Ministry of Justice, Police, medical authority etc.

Signature of driver	Date
Signature of insured person	Date