

MOTOR VEHICLE CLAIM FORM



UNDERWRITER **POLICY REF**

This claim form collects personal information about you which is collected to evaluate your claim. The intended recipient of the information is Apex General Limited and/or the Insurer as applicable. The collection of this information is required pursuant to the terms of your insurance policy and failure to provide this information may result in your claim being declined. You have rights of access to and correction of this information subject to the provisions of the Privacy Act 1993.

DETAILS OF INSURED/REGISTERED OWNER

Full Insured Name/s:
Contact Person: (if a company)
Contact Phone No: Home Business Mobile

VEHICLE DETAILS (Insured to complete)

Year: Make/Model: Registration No:
Where is the vehicle currently? Ph:
If not currently with a repairer, do you have a preferred panel beater? Yes / No
Name: Address: Ph:
Have you obtained an estimate for the repairs? Yes / No Amount of Estimate: \$
Has the vehicle or its engine been modified in any way since manufacture? Yes / No
Is there any other insurance on the vehicle or its accessories? Yes / No
Was the vehicle being driven without your authority or permission? Yes / No
(If 'Yes' please provide full details)
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DETAILS OF DRIVER (Driver or person in charge at time of accident or loss to complete)

Full Name/s:
Date of Birth: / / Relationship to Insured:
Home Address:
Licence Number (5a): Version Number (5b): Type: Learner / Restricted / Full Classes:
Have you ever had your licence cancelled/suspended/endorsed at any time? Yes / No
Have you had any motor vehicle accidents or losses in the last 5 years? Yes / No
Have you had any traffic convictions in the last 5 years? Yes / No
Had you consumed any intoxicating liquor or taken any drug in the 12 hours prior to the accident? Yes / No
(If 'Yes' please provide full details)
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DETAILS OF DAMAGE OR LOSS (Driver to complete)

Date: ____/____/____ Day of the Week: _____ Time: _____ am/pm

Where did the loss occur?

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Describe in detail how the accident occurred:

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What were the weather conditions? Light Rain / Heavy Rain / Overcast / Fog / Bright Sun / Clear Night

Indicate the road lighting at the scene: Nil / Excellent / Good / Poor

Were the vehicle's lights being used? No / Full / Dipped / Park

What was the speed of your vehicle prior to braking? _____ km/h

Do you consider the other driver responsible for the accident? Yes / No Reason?

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POLICE DETAILS

Did the Police attend or have they been advised of this accident/loss? Yes / No (If Yes please provide details)

Name of attending officer:

Station:

Have you had any advice that any person may be charged by the Police as a result of the accident? Yes / No

Name of Person:

Charge:

SKETCH PLAN OF ACCIDENT (Not required for Fire or Theft)

Indicate: 1. The layout of the roads and road names 2. Road signs and markings 3. Position of vehicles at impact 4. Path vehicles travelled



Your Vehicle



Other Vehicle

DETAILS OF OTHER VEHICLES OR PROPERTY

Owner: _____ Driver: _____

Address:

Year: _____ Make/Model: _____ Registration No: _____

Damage to vehicle/property:

Repair Estimate: \$

Is the other vehicle or property insured: Yes / No (If Yes please provide details)

Company: _____ Policy/Claim Number:

Please forward any correspondence or documentation received from the other party or their insurer.

WITNESSES

Did you have any passengers in your car?

Yes / No

(If Yes please advise names and addresses of all passengers)

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Did anyone else see the accident?

Yes / No

(If Yes please provide name and contact details)

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DECLARATION

1. I/We declare that all information contained in this form and on any attachments is complete and correct;
2. I/We agree that, should there be any dispute over any payment of this claim, the Insurer and/or Apex General Limited as applicable shall be entitled to submit the dispute to arbitration.
3. I/We authorise and request the New Zealand Police to release to the Insurer and/or Apex General Limited as applicable, copies of any or all documents held by the New Zealand Police relating to the incident giving rise to this claim. If necessary this authority should be treated as a formal request pursuant to the Official Information Act, 1982.
4. I/We authorise the disclosure of personal information held by any party regarding this claim.
5. I/We agree to Apex General Limited and the Insurer releasing to other parties personal information regarding this claim.
6. I/We authorise the Insurer and/or Apex General Limited and/or authorised agent to give or obtain from other insurers or other parties any information relating to any insurance held or claim made.
7. I/We authorise the insurer and/or Apex General Limited to check against the Insurance Claims register and to place information on the insurance Claims Register which other insurers can access.

SIGNED: DATE:

(Insured)

SIGNED: DATE:

(Driver)

For Fire or Theft claims please contact us for the correct supplementary theft questionnaire.
