


 Claim / Customer Ref:

 Office

This form must be returned directly to us immediately with all questions answered. The driver details should be completed by the actual driver of the vehicle if the driver is different from the insured.

1.0 Insured's details

CONTACT DETAILS

 Surname

 First name(s)

 Date of birth

 Phone ()

 Mobile ()

 Email

 Preferred contact method Email Phone Mobile

ADDRESS DETAILS (POSTAL)

 Street number

 Street name

 Suburb

 Town / City

2.0 Insured vehicle details

 Year Reg no.

 Make Model

 Has the vehicle been modified in any way? Yes No
 If YES, give full details

 Is the vehicle certified for the modifications? Yes No
 If NO, give full details

 Is there any other insurance on the vehicle or accessories? Yes No
 If YES, give full details

 Was the WOF current at the time? Yes No
 If NO, give full details

 Is there any pre-existing damage on the vehicle? Yes No
 If YES, give full details

 Are any Road User Charges up to date? Yes No

 Is the vehicle subject to a finance arrangement of any kind? Yes No

 Name

 Postal Address

 Approximate balance?

3.0 Driver of the vehicle details

 Surname

 First name(s)

 Street number

 Street name

 Suburb

 Town / City Postcode

 Occupation

 Phone ()

 Mobile ()

 Email

 Date of birth

 Licence No.

 Date of issue

 Type of licence at time of accident
 Full Restricted Learners International

 Was the licence in full affect at the time of the accident? Yes No

 Was the driver the:
 Owner Employee Family member
 If other specify whom:

 Was the vehicle being driven without the owner's knowledge and consent? Yes No
 If YES, give full details

 Had the driver taken any medication in the 24 hours prior to the accident? Yes No
 If YES, give full details

 Had alcohol and/or drugs been consumed by the driver in the 24 hours prior to the accident? Yes No
 If YES, give full details

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Was a breathalyser, or blood test, or other test required? Yes No
If YES, give full details

Does the driver have any physical or medical conditions which could affect their driving ability? Yes No
If YES, give full details

IN THE PAST FIVE YEARS HAS THE DRIVER:

Suffered loss or damage to a vehicle, other than claims lodged with Club Auto? Yes No
If YES, give full details

Have you, or any person who may drive this vehicle had their licence endorsed, suspended or cancelled? Yes No
If YES, give full details

Had a conviction or been fined for any motoring offence (other than parking)? Yes No
If YES, give full details

4.0 Damage to vehicles involved in accident

4.1 INSURED VEHICLE

Describe the damage to the vehicle (e.g. bumper and right rear panel)

Is the vehicle driveable? Yes No

Repairer's name _____

Repairer's phone number _____

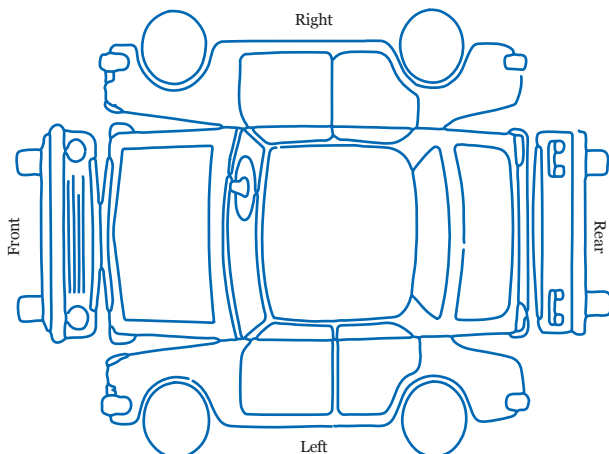
Repairer's postal address _____

Estimate for the cost of repairs _____

Was the vehicle towed from the accident scene? Yes No
If YES, by whom? _____

4.2 DAMAGED VEHICLE IMPACT DIAGRAM

Mark with an "X" all areas damaged on your vehicle in the accident



4.3 OTHER VEHICLES INVOLVED IN ACCIDENT - VEHICLE 1:

Owner's name _____

Street address _____

Suburb _____ Town / City _____

Phone () _____ Mobile () _____

Email _____

Driver's name _____

Street address _____

Suburb _____ Town / City _____

Phone () _____ Mobile () _____

Email _____

Was the third party known to you prior to the accident? Yes No
All written communications from any other party must be forwarded immediately to us.

Make/Model _____

Reg No. _____

Insurance company _____

Claim number _____

Details of damage to their vehicle _____

OTHER VEHICLES INVOLVED IN ACCIDENT - VEHICLE 2:

Owner's name _____

Street address _____

Suburb _____ Town / City _____

Phone () _____ Mobile () _____

Email _____

Driver's name _____

Street address _____

Suburb _____ Town / City _____

Phone () _____ Mobile () _____

Email _____

Was the third party known to you prior to the accident? Yes No
All written communications from any other party must be forwarded immediately to us.

Make/Model _____

Reg No. _____

Insurance company _____

Claim number _____

Details of damage to their vehicle _____

5.0 Police details

Did the Police attend the scene? Yes No

If NO, have the Police been notified? Yes No

If YES, which Police Station was the loss reported to?

On which date?

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Police File / Event Number

Name of Police Officer

Has the loss been advertised in any media? Yes No

If YES

(Newspaper, Internet, Etc)

Date

d	d	m	m	y	y	y	y
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6.0 What happened To be completed by the driver

Date of accident

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Time of accident

h	h	m	m
---	---	---	---

 a.m. p.m.

Were there any independent witnesses Yes No

(not passengers in your vehicle)?

If YES please give details

Witness 1 – Name

Address

Phone

Witness 2 – Name

Address

Phone

Were there any passengers aged 15 years or Yes No

older in your vehicle at the time of the accident?

If YES please give details

Passenger 1 (front seat) - Name

Address

Phone

Additional Passengers
Name Phone

1

2

3

Exact location of accident (show street and town)

Where had you been

Where were you going

What purpose was the vehicle being used for at the time of the accident?

Private Business Farming

What weather conditions applied at the time of the accident?

Fine Rain Overcast

Dusk Dark Daylight

What were the road conditions at the time of the accident?

Sealed Wet Ice/Snow

Metal Dry Other

If OTHER please give details

Give full and precise details as to how the accident occurred

Multiple horizontal lines for providing accident details.

Please provide a sketch diagram of the accident.
Please mark your vehicle as (A). Show road signs/markings.

Large rectangular box for sketching the accident diagram.

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What speed were you travelling prior to the accident?

 The other vehicle(s) speed? - Vehicle 1

 The other vehicle(s) speed? - Vehicle 2

 Whom do you consider to be at fault? (give reason)

 Did either party admit liability? Yes No
 If YES, give full details

Did the accident cause any damage to property (i.e. fences, walls, posts, etc.) of others? Yes No
 If YES, provide their name, address phone number and details

Have you or any person insured under this policy, had motor vehicle insurance declined, cancelled, refused or special terms imposed? Yes No
 If YES, give full details

Have you ever had a claim declined? Yes No
 If YES, give full details

Has anyone been charged with any offence in connection with the accident? Yes No
 If YES, give full details (who/type of charge)

Subject to the Criminal Records (Clean Slate) Act 2004, have you been convicted of or committed any criminal offence (other than traffic or parking offences), have prosecutions or convictions pending, or been bankrupt or undergone a No Assets Procedure in the last 10 years? Yes No
 If YES, give full details

7.0 Additional documents

Please attach a copy of your and the drivers motor vehicle drivers licences.
 How many additional pages are attached?
 I have included the following additional information:

8.0 Declaration (please read this carefully before signing)

Where any declaration is answered NO then further details will need to be provided below in the box headed "Exceptions to this Declaration".

I/We declare that:
 All the statements in this claim form and any additional schedules are correct.
 Yes No
 The motor vehicle and/or accessories are correctly described in this form and were lost, stolen or damaged under the circumstances described overleaf.
 Yes No
 I/We have told Club Auto everything relevant to this claim.
 Yes No

I/We have certain rights of access to and correction of the personal information provided by me/us on this claim form or in support of this claim, but if I/we do provide incorrect information, Club Auto or TOWER may be entitled to decline the claim whether or not it is later corrected.

If any of the property in this claim for which I/we have received payment is subsequently recovered I/we will notify Club Auto or TOWER immediately and return the property to Club Auto or TOWER or will refund to Club Auto or TOWER the value of the recovered items.

I/We authorise Club Auto or TOWER to obtain personal information about me/us from any other party.

I/We understand that:
 Wilful or reckless exaggeration or inflation of the amount claimed will forfeit the claim and may result in prosecution.
 The personal information provided in this claim form is being collected by Club Auto or TOWER to enable them to evaluate my/our claim.

I/We authorise the New Zealand Police to release to Club Auto or TOWER copies of any or all documents held by the New Zealand Police relating to the incident giving rise to this claim and authorise Club Auto or TOWER to provide information about this claim and the insured to the New Zealand Police to assist with the police investigation. I/We consent to Club Auto or TOWER making a formal request pursuant to the Official Information Act, 1982 if necessary.

8.1 EXCEPTIONS TO THIS DECLARATION

Signature

Before signing please ensure that you have answered all the questions and have read and understood the "declaration" above.

Full name	Date	Signature
Insured's name	d d m m y y y y	
Witnessed by	d d m m y y y y	
Driver's name	d d m m y y y y	
Witnessed by	d d m m y y y y	

