

Insured details Full details of Insured/Owner

Insured/owner:	
Policy No:	Expiry date: / /
Postal Address:	Suburb/Town:
If company, contact name:	Position:
Telephone No: (h) (w)	(mob)
E-mail address:	Fax No:

Vehicle details Full details of insured vehicle

Year:	Make:	Model:	Reg No:
Is the vehicle financed or leased? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, please give details: Company:			
Address:			
Type of Vehicle			
<input type="checkbox"/> Car	<input type="checkbox"/> Ute	<input type="checkbox"/> Van	<input type="checkbox"/> Truck
<input type="checkbox"/> Other (specify):			
If Truck, please indicate type of truck: <input type="checkbox"/> Flat Deck		<input type="checkbox"/> Tipper	<input type="checkbox"/> Refrigerated <input type="checkbox"/> Other (specify):
What type of load were you carrying on this trip?			

Trailer details Full details of insured Trailer (if applicable)

Year:	Make:	Model:	Reg No:
Is the vehicle financed or leased? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, please give details: Company:			
Address:			
Trailer: <input type="checkbox"/> Domestic <input type="checkbox"/> Other (specify):			
What type of load were you carrying on this trip?			

Driver details Full details of insured driver or person in charge of insured vehicle at the time of accident or loss

Full name:		Date of birth: / /	
Home address:		Suburb/town:	
New Zealand license	Yes <input type="checkbox"/> No <input type="checkbox"/>	Years licensed:	Type: Learner <input type="checkbox"/> Restricted <input type="checkbox"/> Full <input type="checkbox"/>
Licence No:	Classes covered:	Expiry date: / /	
Relationship to insured:			
<input type="checkbox"/> Insured/Owner/Director	<input type="checkbox"/> Employee (full-time/part-time)	<input type="checkbox"/> Relative (specify):	
<input type="checkbox"/> Employed by agency	<input type="checkbox"/> Relief/Casual driver	<input type="checkbox"/> Other (specify):	
For what purpose was the insured vehicle being used? <input type="checkbox"/> Business <input type="checkbox"/> Private			
Was the insured vehicle used with the knowledge of the insured? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If No, please give details:			

Driver details continued

Had you taken any intoxicating liquor and/or drugs (prescribed or otherwise) within the 12 hours prior to the accident? Yes No

If **Yes**, please give full details:

Have you ever been convicted of any traffic or criminal offenses (other than parking) within the last five years? Yes No

If **Yes**, please give full details:

Approximate date	Offence	Court action
/ /		
/ /		

Have you ever had any motor accidents or claims including theft (other than windscreen breakage) within the last five years? Yes No

If **Yes**, please give full details:

Approximate date	Details
/ /	
/ /	
/ /	

Accident/Loss details

Location (street): _____ Suburb/town: _____

Date: / / Time: am/pm Day of the week: _____

Speed (kmph) prior to braking: _____ Approximate speed (kmph) on impact: _____

Road surface:

Sealed Unsealed Dry Wet

Weather conditions:

Fine Raining Strong winds Overcast Fog

Vehicle activity:

Collided with obstructions Turning vs same direction Reversing Head on Hit animal

Rear end Damaged whilst parked Lost / left road Cornering Tipping

Overtaking / lane change Right turn against traffic Other (please specify): _____

Was any warning (horn signals etc) given by any person? Yes No

If **Yes**, please give details:

Were your headlights switched on and functioning? Yes No

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

If **Yes**, please give reasons:

Describe in detail how the accident occurred:

Details of damage or loss to insured vehicle (indicate where insured vehicle is damaged):

Frontal Bonnet Multiple sides Rear Driver's side

Windscreen/windowglass Roof Passenger's side No damage

Other (please specify): _____

Where can the insured vehicle be inspected?

Have you sent it to be repaired? Yes No

If **Yes**, please give name of repairer: _____ Contact phone: _____

Have you obtained an estimate for repairs? Yes No

If **Yes**, please advise amount of estimate: _____ Estimate \$ _____

Has Southbury Insurance or Lumley Insurance been contacted regarding the loss and/or have we been given the opportunity of appointing an independent assessor or loss adjuster (if required)? Yes No

If **Yes**, please give details:

Sketch plan of accident (not required for Theft or Fire claims)

Indicate:

- Layout of road
- Position of vehicles on impact
- Road signs and markings
- Direction of vehicles travelled
- Other vehicles (reg)
- Identify your vehicle

Other property Full details of damage to other driver vehicle or property

Property or vehicle owned by:		
Vehicle make:	Model:	Reg No:
Driver's full name:		
Contact address:		Suburb/town:
Contact telephone No: (h)	(w)	(mob)
Their insurance company:	Branch:	
Describe damage to other vehicle(s) or property:		
Estimated cost of repairs to other party's property (if known): \$		
If more than one other vehicle involved in accident, please give details:		
Other driver's full name:		
Contact address:		Suburb/town:
Contact telephone No: (h)	(w)	(mob)
Vehicle make:	Model:	Reg No:

Police report

Do the Police have knowledge of this incident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details: Name of officer:		Number:
Address of station:		
Did the Police attend the scene of the accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did any driver undergo any test for alcohol or drugs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details:		
Name:	Address:	
Name:	Address:	
Have the Police issued a Notice of Intended Prosecution, or given any verbal warning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, to whom and for what alleged offence?		
Name:	Offence:	
Name:	Offence:	

Further required particulars

Were there any passengers in insured vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name	Address	Telephone No

Witnesses

It is important that names & addresses are obtained whether the driver considers him/herself to blame or not

Name	Address	Telephone No

Pursuant to the Privacy Act 1993

The following is brought to your attention:

- (a) This claim form collects personal information about you;
- (b) The collection of this information is required pursuant to the terms of your insurance policy;
- (c) The information is collected to evaluate your claim;
- (d) The failure to provide this information may result in your claim being declined;
- (e) The intended recipient of the information is Southbury Insurance Limited and Lumley General Insurance (N.Z.) Limited ('Lumley') (P.O. Box 2426 Auckland);
- (f) Southbury Insurance Limited and Lumley may pass your personal information on to Insurance Claims Register Limited ('ICR') (C/- P.O. Box 2426 Auckland) for inclusion in the Insurance Claims Register, for general claims and underwriting purposes;
- (g) You acknowledge that any ICR participant may access this personal information by way of enquiry to the ICR.
- (h) You have the right of access to and correction of this information in accordance with the Privacy Act 1993.

Declaration:

I/We declare that:

The information given in this form to be correct.

I/We agree that, should there be any dispute over any payment of this claim, Southbury Insurance Limited and Lumley General Insurance (N.Z.) Limited shall be entitled to submit the dispute to arbitration.

I/We authorise and request the New Zealand Police to release to Southbury Insurance Limited and Lumley General Insurance (N.Z.) Limited 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.

I/We authorise the disclosure of personal information held by any other party regarding this claim.

I/We agree to the Southbury Insurance Limited and Lumley General Insurance (N.Z.) Limited releasing to other parties personal information regarding this claim.

I/We authorise the Insurer or its authorised agent to give or obtain from other insurers or other parties any information relating to any insurance held or claim made.

Note: Failure to provide full and correct information could result in your claim not being accepted by Southbury Insurance Limited and Lumley General Insurance (N.Z.) Limited.

Signature insured/owner:	Date: / /
If company, state position (i.e. CEO, manager etc.):	
Driver's signature (if different from above):	Date: / /