

Motor vehicle claim form

NB: This form must be completed by the driver. Please answer all questions. If not applicable, please write N/A.



Client number if known

**Do you know you can send photos and receive claim notifications via the Rothbury App
- Download it now!**

1 POLICY HOLDER DETAILS

Surname of Insured or name of company

First name(s) of Insured

Address

Home telephone

Business telephone

Mobile telephone

Email address

Name of any other party with financial interest in the vehicle:

Is there any other insurance on the vehicle or accessories? Y N

INSURED VEHICLE

Make

Model and type (e.g. Van, Car, Artic, Flat top, etc.)

Year

Registration number

Has the vehicle been modified in any way?

Y N If yes, please give details:

Is the vehicle a used import?

Y N

Has the vehicle a current Warrant/Certificate of Fitness?

Y N

2 PERSON DRIVING OR IN CHARGE OF THE INSURED VEHICLE To be completed even if parked

Full name: (Mr/Mrs/Miss/Ms)

Date of birth

Address

Home telephone

Business telephone

Occupation

Relationship to Policy Holder

Driver licence number

Licence type:

Full Restricted Learners Licence version

Licence expiry date

Licence class

Date and country of issue

Was the vehicle being driven with the owner's consent?

Y N If no, please give details:

Is he/she the main driver of the insured vehicle?

Y N If no, please give details:

If not the Policy Holder, do you own a vehicle?

Y N If yes, name of Insurance Company:

Did the driver consume liquor and/or drugs (including medication) within 24 hours prior to the accident?

Y N

Did the Police attend?

Y N If yes, Police File No.:

Was a breathalyser or blood test, or any other such test done?

Y N

During the past 5 years, have you:

i Been convicted of any offence other than parking?

Y N If yes, type and penalty:

ii Had any other accident, loss or claim in connection with any motor vehicle?

Y N If yes, brief details of year/cost/insurance co.:

3 DETAILS OF OTHER PASSENGERS IN YOUR VEHICLE

Name Telephone

Address

Name Telephone

Address

4 DETAILS OF INDEPENDENT WITNESSES

Name Telephone

Address

Name Telephone

Address

5 DETAILS OF DRIVERS/OWNERS OF OTHER VEHICLES OR PROPERTY

Driver _____

Owner _____

Address _____

Make/model of vehicle _____

Registration Number _____

Telephone number _____

Damage to vehicle _____

Insurance company _____

6 DETAILS OF LOSS OR ACCIDENT

Please continue on a separate sheet if necessary

Date _____ Time am/pm (circle one) _____
Location (e.g. Street) _____ Suburb or Town _____

Weather

 Rain Overcast Bright sun Clear night Fog

Road

 Sealed Metal Wet Dry

What speed limit was in force?

 50km/h 70km/h 100km/h Other, detail _____

What was your speed prior to braking? _____ At impact? _____

Did anyone get hurt in the accident? Y NIf yes, can you please advise who and their relationship with the driver and known extent of the injuries.

Please state reason for journey _____

Describe in detail how the accident occurred – use a separate sheet if necessary

Do you consider the other driver responsible for the accident?

 Y N Please give your reasons _____Have the police laid or mention laying charges against the driver of your vehicle? Y NIf yes, do you know what the charges are likely to be?
_____**7 DAMAGE TO INSURED VEHICLE**

NB Do not proceed with repairs without the Company's authority

Describe damage
_____Where is your vehicle currently?

Name of repairer/panelbeater _____

Telephone _____

Have you obtained an estimate for repairs?

 Y N

Amount of estimate obtained \$ _____

8 SKETCH PLAN OF ACCIDENT

Please continue on a separate sheet, if necessary.

Indicate street names, direction of vehicles.

Your vehicle Other vehicle **10 DECLARATION TO BE SIGNED BY BOTH POLICYHOLDER AND DRIVER**

I/We

1. Declare that to the best of my/our knowledge the information provided in support of the claim is correct and complete in all ways and there is no further information relevant to the claim.

Please Note: The collection of this information is required under the terms of your policy in order for the claim to be evaluated. Failure to provide complete and correct information may result in the claim being declined.

2. Agree to provide any further information that may be required;
3. Authorise the disclosure and obtaining, of my/our personal information in respect of this claim, to and from parties including Insurers, intermediaries and other members of the Insurance Industry, the Insurance Claims Register PO Box 474, Wellington, where information is retained and made available to other insurers and other parties relevant to your claim including those with a financial interest in, and/or involved in the repairing or replacing of, the subject matter of the claim.4. Understand I/we have certain rights of access to and correction of my/our personal information pursuant to the Privacy Act 2020; and
5. All information collected will be held by Rothbury Insurance Brokers, 188 Quay Street, Auckland and/or the Insurer.

Policyholder's signature (if company, state capacity) _____

Date _____

Full name _____

Date _____

Driver's signature _____

Date _____

9 DIRECT CREDIT AUTHORITY

If you would like any payment due to be paid direct to a bank account, please provide account details:

Name of Account _____

BANK _____
BRANCH _____ACCOUNT NUMBER _____
SUFFIX _____

FOR OFFICE USE ONLY

PERSONAL COMMERCIAL LOSS TYPE _____

INSURANCE COMPANY _____ CLIENT NO IF KNOWN _____

ROTHBURY CLAIM REFERENCE NO _____ POLICY NO _____

EXCESS _____ DUE DATE _____