



Motor Vehicle Accident Claim Form



In this claim form, we are collecting information to enable us to evaluate your claim. Under the Privacy Act 1993 we are required to inform you about certain rights and obligations relating to the information which we are collecting. This is in the declaration at the end of the form. We recommend that you read it before continuing.

- The issue of this form does not constitute an admission of liability and is issued without prejudice.
- Please return this form promptly and make sure that all questions are fully answered.
- No liability is to be admitted to a third party.
- No repairs are to be done without our permission.
- If you receive any communication in any way connected with the accident please forward to us immediately.

Please return this completed form to: **PROTECTA Insurance New Zealand Limited, PO Box 37-371, Parnell, Auckland**
Or by facsimile to (09) 915 7831

1. Insured

Insured Name Private Telephone
 Business Telephone
 Mobile Telephone
 Insured Address
 Finance Company or Other Interested Party

2. Vehicle

Make and Type of Body Year of Model Engine No.
 Registration No. Purpose used at time of accident
 Insured's Occupation

Is the Warrant of Fitness Current Yes No If No, Why:

Other Insurance Yes No If Yes, Detail

3. Vehicle Damage

1. Details of damage
 2. Is it in a fit condition to drive?
 3. Amount of estimate for repairs (attach quote if possible)
 4. Where and when it can be inspected

4. Third Party Damage

Names and Addresses	Property Damage	Injuries

1. Please give details of any claim made on you
 2. Did you or your driver admit liability?
 3. Did the other party admit responsibility?
 4. Is the other vehicle insured? If so with what Company?

5. Particulars of Driver

Name in Full Date of Birth / /

Address

Licence No. Date of Expiry / / Date First Licensed / /

Licence Issued by For Vehicle Classes

Licence Status Learner Restricted Full Overseas Never Licensed Disqualified

Please state (giving full particulars)

1. If the vehicle was being driven with the owner's knowledge and consent Yes No
.....
2. If the driver's licence has been endorsed or suspended Yes No (when and why)
.....
3. If the driver is the owner employee relation and/or friend
4. If the driver owns his own vehicle Yes No (name of Insurance Company)
5. If the driver has a policy of insurance cancelled or declined or an excess or increased premium imposed
.....
6. If the driver has been involved in previous accidents Yes No (name Insurance Company)
.....
7. Amount of liquor consumed by the driver during the 24 hours preceding the accident, including when and where?
.....
8. Has Police action been threatened? Yes No (charge and identity of person required)
9. Was a breathalyser test required? Yes No What was the result?.....
Was a blood test taken? Yes No What was the result?
10. If the driver has had any traffic or criminal convictions? Yes No

6. Witnesses

Please give names and addresses of all witnesses:

1. Passengers in your vehicle a. Phone No.

b. Phone No.

c. Phone No.

2. Independent Witness a. Phone No.

b. Phone No.

3. Police Officer's Name and No.

4. Stationed at

8. Sketch Plan of Accident

1. Please make a rough plan of road showing distance and positions of all vehicles and persons concerned showing by arrows the direction in which they were travelling.
2. Your vehicle to be marked (A) and the other parties (B), (C) and so on, with point of compass shown.

9. Declaration – Signature

I declare that:

1. All of the statements and information in this claim form are correct;
2. I have told Allianz everything which may be relevant to this claim;
3. I understand that:
 - (a) I am required to co-operate with Allianz and provide this information and if I do not, Allianz may decline my claim;
 - (b) I have certain rights of access to and correction of the personal information provided by me on this claim form or in support of this claim. But if I do provide any incorrect information, Allianz may be entitled to decline my claim whether or not it is later corrected;
4. I authorise Allianz to obtain personal information about me from any other party and to release that information to other parties if requested;
5. I authorise Allianz to obtain copies of any documents or information relating to this claim from the New Zealand Police.

Dated at / / this day of

Driver's Signature Insured's Signature

10. Repair Authorisation

I hereby authorise the

Garage to repair on my behalf the

car/truck Engine No. Registration No.

damaged on

Date

Insured's Signature

Pursuant to the PRIVACY ACT 1993 the following is brought to your attention:

1. This claim form and any further enquiries we make of you in order to consider your claim is the collection of personal information about you;
 2. The information is collected to evaluate your claim;
 3. The intended recipient of the information is Allianz New Zealand Limited, registered office: 45 Queen Street Auckland New Zealand
 4. The information is being collected and held by PROTECTA Insurance New Zealand Limited of PO Box 37-371, Parnell, Auckland.
 5. The collection of this information is required pursuant to your insurance policy and is mandatory;
 6. The failure to provide this information may result in your claim being declined, or your insurance being void from the beginning.
- You have rights of access to and correction of this information subject to the provisions of the Privacy Act 1993.