

Motor Vehicle Claim Form



It is essential that this form be returned directly to Ansvar Insurance, with all questions answered, at the earliest opportunity. Please print your answers and where appropriate. If insufficient room, please attach separate sheet.

Office use only Claim number

1. Policyholder details

Name/Business name Policy number

Address Postcode

Telephone: Home Telephone: Work Telephone: Mobile Fax number

Email Occupation

2. Insured Vehicle

Registration number Year of manufacture Make Model

Body type (e.g. Sedan) Odometer reading Expiry date of registration / /

Has the vehicle been modified or fitted with accessories or optional extras other than those supplied at the maker's option?
 Yes No *If yes, describe the modifications/accessories*

Was there any unrepaired damage to the vehicle before the incident? Yes No *If yes, please provide details*

When was the vehicle purchased? / / Amount Paid \$

Is the vehicle under finance? Yes No *Name of finance company*

Amount outstanding \$

For what purpose was the vehicle being used at the time of the collision? (e.g. private use only, carrying goods in connection with business etc)

Was any other insurance in force on the vehicle at the time of the collision?
 Yes No *If yes, state the name of the insurance company*

3. Person in charge of vehicle at time of loss

Name Date of birth / /

Address

Telephone number

Details of property Description of property (eg. building, fence, etc.)

Owner's name

Address

Postcode

Was there any damage to the other vehicle or property as a result of the collision? Yes No *If yes, complete below*

Description of damage to other vehicle or property

If any communication is received by you, please forward it immediately to this office

7. Witnesses

Were there any witnesses to the collision? Yes No *If yes, state the witness particulars*

Name of witness No.1

Address

Postcode

Telephone: Home

Telephone: Work

Telephone: Mobile

Type of witness Passenger in your vehicle Passenger in other vehicle Independent eye witness

Name of witness No.2

Address

Postcode

Telephone: Home

Telephone: Work

Telephone: Mobile

Type of witness: Passenger in your vehicle Passenger in other vehicle Independent eye witness

8. Police Please attach the police report to this claim form

Were the police advised of the collision? Yes No *If yes, did the police attend the accident* Yes No

or the accident was reported to police station at

on

And in both cases state the Officer's name

and number

Police Report Number

Was either driver charged with an offence?

 Yes No

If yes, indicate if: your driver and the offence

If yes, indicate if: other driver driver and the offence

Was either driver asked to take a blood/breathalyser test? Yes No *If yes, attach copy of results of test of your driver*

9. Electronic Funds Transfer Settlement of your claim may involve a cash settlement. Please complete the following if you are interested in an EFT Payment

Account name

Bank

Branch number

Account number

Suffix

10. Declaration/Privacy Act 1993/Insurance Claims Register

I/We declare that to the best of my/our knowledge and belief, these particulars are complete and correct.

I/We:

- a. agree to give any further information that may be required
- b. understand you require this personal information, which will be retained by you at 396 Queen Street, Auckland, before you can evaluate my/our claim
- c. authorise the disclosure of this personal information regarding this claim to other parties
- d. authorise the obtaining by you, from any other party personal information about me/us that is in your view relevant to this claim
- e. authorise the obtaining by you, from Insurance Claims Register Limited (ICR Ltd), which holds details of claims made by me/us under policies with other insurers, personal information about me/us that is in your view relevant to this claim
- f. authorise you to place details of this claim on the database of ICR Ltd, PO Box 474 Wellington, where it will be retained and available to other insurance companies to inspect
- g. understand that I am/we are entitled to have certain rights of access and correction of the personal information held by you and ICR Ltd

The collection of this information is required under terms of your policy. Failure to provide it may result in your claim being declined.

Signature of the Policyholder(s)

Date

Signature of driver or person making the claim

Date

If the policy is in joint names, both signatures are required