

BWRS Northland
PO Box 71
Kerikeri
claimsnorthland@bwrs.co.nz
Ph: (09) 407 0190
Fax: (09) 407 7890

BWRS Auckland
PO Box 99767
Newmarket, Auckland
claimsauckland@bwrs.co.nz
Ph: (09) 379 3994
Fax: (09) 379 7242

BWRS Bay of Plenty
PO Box 911
Tauranga
claimsbayofplenty@bwrs.co.nz
Ph: (07) 577 0007
Fax: (07) 571 0555

BWRS Hawkes Bay
PO Box 7157, Taradale
Napier
claimshawkesbay@bwrs.co.nz
Ph: (06) 845 9089
Fax: (06) 844 1089

BWRS Manawatu
PO Box 1546
Palmerston North
claimsmanawatu@bwrs.co.nz
Ph: (06) 357 2072
Fax: (06) 359 2497

BWRS Southern
PO Box 8414, Riccarton
Christchurch
claimssouthern@bwrs.co.nz
Ph: (03) 348 9802
Fax: (03) 348 4567

Pursuant to the Privacy Act 1993 the following is brought to your attention.

- (a) This claim form collects personal information about you;
- (b) The information is collected to evaluate your claim;
- (c) The intended recipient of the information is: The Insurer named below (Hereinafter called " the Company") and BrokerWeb Risk Services Ltd (Hereinafter called BWRS) and is being held by them at their offices

- (d) The collection of this information is required pursuant to the terms of your insurance policy;
- (e) The failure to provide this information may result in your claim being declined;
- (f) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

Policy Number:

Insurance Company:

1. POLICYHOLDER DETAILS

Full name: (Company name if applicable)

Address:

Contact telephone numbers: (Home)

(Business)

Email:

2. INSURED VEHICLE

Year: _____ **Make:** _____ **Model:** _____ **Reg No:** _____

Has the vehicle been modified in any way? (If Yes please provide details)

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

Is there any other insurance on the vehicle or accessories? YES NO

Has the vehicle a current Warrant / Certificate of Fitness? YES NO

3. DRIVER DETAILS (or person in charge of the insured vehicle, to be completed, even if parked)

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

Private address:

Date of birth / / **Occupation:**

Telephone No private:

Business:

Driver Licence No:

Version number:

Number of years licence held:

Is Licence Full / Restricted / Learners:

Date & country of issue:

Licence Classes: (Please List)

Licence special conditions: (Please list)

Drivers relationship to policyholder:

Was the vehicle being driven with the owners consent? YES NO (If No please provide details)

Are you the main driver of the insured vehicle? YES NO

If not the policyholders do you have Motor Vehicle Insurance? YES NO (If Yes please provide details)

Did the Police attend? YES NO (If Yes please provide incident reference)

Did driver consume liquor and/or drugs within 24 hours prior to the accident? YES NO (If Yes please provide details)

Was a breathalyzer or blood test done? YES NO (If Yes please provide details)

During the past 5 years, have you: (If you answer Yes to any of the following questions, please provide details)

(a) Been involved in a motor accident? YES NO

(b) Been convicted of any offence other than parking? YES NO

(c) Been disqualified from driving or had license cancelled or suspended? YES NO

4. POLICYHOLDER DETAILS

Date of accident: _____ Time: _____ AM PM

Location: (Street & Town) _____

Weather conditions: Bright Sun Overcast Rain Fog Clear Night

Road conditions: Sealed Metal Wet Dry Ice

What speed limit was in force? _____ What was your speed prior to braking? _____

Please state reason for journey: _____

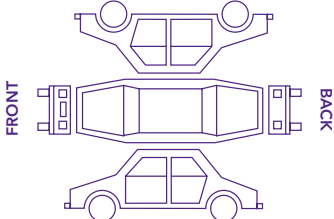
Please provide full details of accident: _____

Who do you consider to be at fault? _____

5. DAMAGE TO INSURED VEHICLE

Please describe damage to your vehicle & show on diagram: _____

Have you obtained a quote? YES NO (If Yes please advise repairer below)



FRONT

BACK

Repairer: _____

Repair estimate: \$ _____

7. SKETCH PLAN OF ACCIDENT

6. OTHER VEHICLE OR PROPERTY DAMAGED

Driver/Owner of other vehicle or property: _____

Address: _____

Contact telephone No: _____

Insurance company: _____

Details of vehicle/property: _____

Registration No: _____

8. PASSENGERS IN YOUR VEHICLE OR INDEPENDENT WITNESS

Name: _____	Passenger/Witness: _____
Address: _____	Contact Telephone No: _____
Name: _____	Passenger/Witness: _____
Address: _____	Contact Telephone No: _____

DECLARATION: Note failure to provide full and truthful information could result in the claim being declined.

1. I/We agree to BWRS/The Company disclosing my/our personal information regarding this claim to:

- (a) Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICR Ltd) PO Box 474, Wellington, where it will be retained and made available to other insurance companies to inspect.
- (b) Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.
- (c) I/We understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by BWRS/The Company & ICR Ltd

2. I/We agree to BWRS/The Company obtaining personal information about me/us that is, in BWRS's view, relevant to this claim.

- (a) From any other party including other members of the Insurance Industry and from ICR Ltd which holds details of claims made by me/us under policies with other insurers. All the information and answers (whether written or oral) given to BWRS/The Company in connection with this claim are correct and that no information relevant to the claim has been omitted. I/We authorize BWRS/The Company to act on my/our behalf.

Policyholder's Signature: _____ **Date:** _____

Driver's Signature: _____ **Date:** _____