

(a)

3. If not the Policyholder do you own a vehicle? (name of insurance co)

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

MOTOR VEHICLE CLAIM FORM

This claim form collects personal information about you; (d) The collection of this information is required pursuant to the

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

INSURANCE
BROKERS

 (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 is being held by them at their head office 	(e) The failure to being declined(f) You have right	insurance policy; provide this information may result in your claim d; ts of access to, and correction of, this information provisions of the Privacy Act 1993.
Claim No :	Policy No	:
Insurance Coy :	Due Date	:
Branch :	Excess	: Premium Paid : Y / N
1. POLICYHOLDER		INSURED VEHICLE
Surname of Insured:		
OR Name of Company:		MAKE:
First Names of Insured:		MODEL:
Address:		TYPE: (eg. Van, Car Artic, Flat-top etc.)
Contact Telephone numbers: (Home)		YEAR: REG NO:
(Business)		Has the vehicle been modified in any way:
Email:		
		Is the vehicle a used import: YES NO
Name of any other party with financial interest in the ve	hicle:	
Is there any other insurance on the vehicle or accessor YES NO	ies:	Has the vehicle a current Certificate of Fitness: YES NO
2. PERSON DRIVING OR IN CHARGE OF THE INSUI	RED VEHICLE (1	o be completed, even if parked)
Full Name (Mr/Mrs/Miss/Ms):		Address:
Date of Birth / /		Occupation:
Telephone No: H: B:		Relationship to policyholder:
Driver Licence No: Type:	Year Held:	Date & Country of Issue:
Licence Classes: (Please List)		Licence Special Conditions: (Please List)
1. Was the vehicle being driven with the owner's conse	nt?	YES NO
2. Is he/she the main driver of the Insured vehicle?		YES NO
		IF "YES" PLEASE PROVIDE DETAIL

YES 🗌

№ 🗆

4. Dia ariver consume liquor ana/or arugs (include. iviealcation) with in	YES	NO	
24 hours prior to the accident?			
5. Did the Police attend?	YES 🗌		
6. Was a breathalyzer, or blood test, or any other such test done?	YES 🗌		
7. During the past 5 years, have you:	YES 🗌		
(i) Been convicted of any offence other than parking (type and penalty)			
(ii) Had any other accident, loss of claim in connection with any motor vehicle (brief details of year/cost/insurance coy)	YES	№ □	

Passengers	s in your vehicle		I	ndependent Witnesses	
Name			Name		
Address					
Telephone					
Name			·		
Address					
Telephone					
i			••		
4. DETAILS OF LOSS OR ACCI	JENT (Please conti	nue on a separate	sheet, if necessary)		
Date			. Time		am/pm (delete one)
Location (eg. Street)			Suburb or Town		
Weather:	Rain 🗌	Overcast 🗌	Fog 🗌	Bright Sun 🗌	Clear Night
Road:	Sealed	Metal 🗌	Wet 🗌	Dry 🗌	
What speed limit was in force?			50 Km/hour 🗌	100 Km/hour	Other 🗌
What was your speed: Prior to bra	aking		At impact		
Please state reason for journey					
Describe in detail how the accider	nt occurred				
What, in your opinion, caused the	accident				

5. DAMAGE TO INSURED VEHICLE (NB: Do not proceed with repairs without the Company's authority)

Describe damage		
Repairer	. Telephone	Estimate \$
If not at above, Date of repair	. OR where can vehicle be inspected	
6. SKETCH PLAN OF ACCIDENT (Please continue on a separate sheet, i	f necessary)	

3. DETAILS OF OTHER PERSONS

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

1. I/We agree to 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), 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 The Company and ICR Ltd.

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

(a) From any other party including other members of the Insurance Industry and from Insurance Claims Register Ltd (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 The Company in connection with this claim are correct and that no information relevant to the claim has been omitted. O/We authorize The Company to act on my/our behalf.

Policyholder's signature	Date
(If a company, state capacity)	
Driver's Signature	Date

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	BUSINESS	TRADE	LIFE	DOMESTIC	TRAVEL