



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 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 post the completed form to: **PROTECTA Insurance New Zealand Limited, PO Box 37-371, Parnell, Auckland OR by Facsimile to 09 915 7831**
If you have any questions, please call us on: **09 377 6872** Email: motorteam@protecta.co.nz

1) INSURED DETAILS

Policy Number

Title: Mr Mrs Miss Ms Other..... Date of Birth

First Name Last Name

Address..... Home Phone..... Work Phone

..... Mobile Email

NOTE: It is important that you provide us with the correct name of the Policy Holder and the Policy Number.

2) DRIVER PARTICULARS

Was the Insured the Driver (or was in charge of the vehicle while it was parked?) Yes - Go to next section No - Complete this section

Title: Mr Mrs Miss Ms Other..... Date of Birth

First Name Last Name

Address..... Home Phone..... Work Phone

..... Mobile Email

- (a) What is the Driver's relationship to the Insured? Employee Family Friend Other
- (b) Did you have the Insured's consent to use the vehicle? Yes No
If "No", how did the Driver gain possession of the vehicle?
- (c) Do you regularly drive this vehicle Yes No If Yes how often?
- (d) Does the Driver own their own motor vehicle? Yes No
- (e) Does the Driver own a motor vehicle which is insured? Yes No If "Yes", which insurer?

3) DRIVER DETAILS

Licence Number (5a) Version Number (5b) Issued By

Which Vehicle Classes? Issue Date..... Expiry Date

LEARNER RESTRICTED FULL OVERSEAS NEVER LICENCED DISQUALIFIED

In the last 5 years, has the Driver:

- (a) Had their licence endorsed or suspended? Yes No
If "Yes", when and why?
- (b) Been refused insurance or renewal, or had a Policy cancelled? Yes No
If "Yes", when and why?
- (c) Have any previous traffic and non-traffic convictions or pending charges (excl parking)? Yes No
If "Yes", when and why?
- (d) Been involved in (i) any previous accidents or (ii) suffered any losses? Yes No
If "Yes", when and what were the losses? (include accidents or losses which were not claimed under insurance)

4) PURPOSE OF USE

- (a) What was the vehicle being used for prior to the accident? Business Use Personal Use
Please provide full details of your journey

5) INSURED VEHICLE

Make & Model..... Year..... Registration Number

Has the vehicle been modified in any way? Yes No If "Yes", please state value \$.....

Please describe modifications

Name and address of any other party with a financial interest in the vehicle?

6) WITNESSES (Where applicable, indicate if witness was Driver or Passenger)

Was there any witnesses to the accident? Yes - Complete this section No - Go to next section

WITNESS 1) Full Name..... Driver Passenger
Address..... Telephone.....

WITNESS 2) Full Name..... Driver Passenger
Address..... Telephone.....

Add details of additional witness on a separate page

7) INSURED VEHICLE DAMAGE

Particulars of damage to your vehicle?
.....
Was your vehicle transported? Yes No If "Yes", name of transport company?
Name of Repairer Address Telephone
What date was the vehicle taken to the Repairer? Repair Estimate? \$

8) OTHER PARTY'S DETAILS

Was there any other party(s) involved in the accident? (i.e. vehicles, property etc...) Yes - Complete this section No - Go to next section
PARTY 1) Full Name Telephone
Address Insurer?
Vehicle Make & Model Registration Number
PARTY 2) Full Name Telephone
Address Insurer?
Vehicle Make & Model Registration Number
Particulars of damage to other party(s)?

NOTE: Written communications claiming damages must be forwarded to PROTECTA Insurance without you replying or admitting fault

9) PARTICULARS OF ACCIDENT

Day of the accident Date Time AM / PM
Exact Location of accident? (Show Street & Town)
If accident was at an intersection, name intersecting streets?
(a) Describe the weather conditions? Rain Bright Sun Fog Overcast Clear Night
(b) Describe the road conditions? Wet Dry Ice Sealed Metal
(c) Was your vehicle travelling or parked? Travelling Parked
(d) Was there a...: Stop sign OR Give way OR Traffic lights If "Yes", were they in your favour? Yes No
(e) Were your headlights on? Yes No If "Yes", were they on High/Low beam? High beam Low beam
(f) Your speed prior to impact? Kph Other party's speed prior to impact? Kph
(g) Which Driver/Rider was at fault and why?
(h) Was any liquor and/or drugs (prescribed or otherwise) consumed by the Driver within 12 hours before accident? Yes No
If "Yes", please give details including time, place and quantity consumed
(i) Was accident reported to Police? Yes No
(j) Did Police attend the accident? Yes No If "Yes", please state name & number
(k) Was a breath test required? Yes No If "Yes", what was the result?
(l) Was a blood test taken? Yes No If "Yes", what was the result?
(m) Please describe in detail, how the accident happened

10) SKETCH OF ACCIDENT

Please show clearly:
• Your vehicle (A), other parties (B), (C) and so on
• Direction of travel and where each vehicle was prior to the accident.
• Mark the accident point with an X.
• Name all streets, mark all road signs, Stop signs, Give ways and Traffic lights.

11) DOCUMENTATION Please attach a copy of Your Drivers Licence and Repairer's Quote for the damage (if available)

12) DECLARATION

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 Australia Insurance Limited ABN 15 000 122 850 (Incorporated in Australia) trading as Allianz New Zealand, registered office: Level 1, 152 Fanshawe 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.
We declare that the information given in this claim is correct.
We agree that, should there be any dispute over any payment of this claim, the Underwriter shall be entitled to submit the dispute to arbitration.
We authorise and request the New Zealand Police to release to the Underwriter copies of any or all documents held by the New Zealand Police relating to the incident giving rise to this claim. If necessary this authority should be treated as a formal request pursuant to the Official Information Act 1982.
We authorise the disclosure of personal information held by the Ministry of Justice, NZ Transport Agency and any other party regarding this claim.
We authorise the Underwriter to:
- check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access.
- disclose personal information to other parties, members of the insurance industry and/or parties who have a financial interest in the subject matter of this insurance.
Driver's Signature Insured Signature Date