



Motor Accident Claim Form



Post to:

PROTECTA Insurance New Zealand Ltd

PO Box 37-371, Parnell, Auckland

or deliver to, Level 8, 110 Symonds Street, Auckland

Telephone: 09 377 6872, Facsimile 09 3776878

- Please return this form promptly and make sure that all questions are fully answered.
- No repairs are to be done without our permission.
- If you receive any communication in any way connected with the accident please forward it to us immediately

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 recipients of the information are Allianz New Zealand Limited (Allianz).
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.
7. You have rights of access to and correction of this information subject to the provisions of the Privacy Act 1993.

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

DETAILS OF INSURED PERSON

Name of Insured	<input type="text"/>	Policy Number	<input type="text"/>
Home Address	<input type="text"/>	Private Telephone	<input type="text"/>
Work Address	<input type="text"/>	Work Telephone	<input type="text"/>

Note: It is important that you provide us with the correct name of the policy holder and the policy number.

DETAILS OF INSURED VEHICLE

Year	Make	Model	Reg. No.
Is the vehicle subject to hire purchase agreement, bill of sale or lien of any kind?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Has the vehicle or engine been modified from the maker's standard specifications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
If 'Yes' to either of above, provide details							

DETAILS OF RIDER OR PERSON IN CHARGE

Name of Rider	<input type="text"/>	Date of Birth	<input type="text"/>						
Home Address	<input type="text"/>	Private Telephone	<input type="text"/>						
Work Address	<input type="text"/>	Work Telephone	<input type="text"/>						
Licence Number	<input type="text"/>	Learner	<input type="checkbox"/>	Restricted	<input type="checkbox"/>	Full	<input type="checkbox"/>	Date Issued	<input type="text"/>
Classes	<input type="text"/>								
Special Licence Conditions	<input type="text"/>								

Answer 'Yes' or 'No' and if 'Yes', please give full details

- Has the rider any motoring convictions or charges pending (other than parking)? If yes, provide details:
- Has the rider been involved in (i) any previous accidents or (ii) suffered any losses during the past 5 years?
If 'Yes', provide details;
- Did the rider consume any intoxicating liquor or take any drugs in the 12 hours prior to the accident? Yes No
(i) If 'Yes', quantity and type consumed? (ii) Where & When?
- Was the rider required to provide a breath and/or blood sample?
- Has the rider ever been refused motor vehicle insurance or renewal, or had any policy cancelled?
- Has the driver's licence ever been endorsed, suspended or cancelled?

If the rider was someone other than the Insured:

Was the vehicle being used with the Insured's knowledge and consent? Yes No State relationship to Insured (eg. Wife, Son, Friend, Employee)

Does the rider own his/her own vehicle? Yes No If 'Yes' who is it insured with? Branch

DETAILS OF ACCIDENT

Date of accident Day of Week Time of day AM PM

What weather conditions existed at the time of the accident? Rain Overcast Fog Bright Sun Clear Night

What were the road conditions at the time of the accident? Sealed Metal Wet Dry Ice

Exact location of accident (show street and town)

Give a full description of how the accident occurred

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At what speed were you travelling prior to braking?

Did any driver make any admission of liability? Yes No If 'Yes' whom?

Which driver do you consider to be at fault?

What are your reasons?

Did a traffic or police officer attend the accident? Yes No If 'Yes' state his name and number

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USAGE

For what purpose was the vehicle being used at the time of Loss/Damage?

Please provide full details of your journey

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WITNESSES

If you know of any persons who witnessed the accident please provide details below (include passengers but state 'passenger').

1. Name Telephone

Address

2. Name Telephone

Address

DETAILS OF DAMAGE TO YOUR VEHICLE

Provide a detailed description of damage to your vehicle Show damaged part on diagram

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Did the vehicle need to be transported? Yes No Name of Towing Company

Name of repairer Telephone

Address of repairer

When was it taken to the repairer? Repairer's Estimate \$

Note: You may take your vehicle to any reputable repairer. Have him contact us before repairs commence so that we may appoint an assessor and agree costs.

DETAILS OF DAMAGE TO OTHER VEHICLE AND OTHER PROPERTY

1. Other vehicle owned / driven by Telephone

Address Insurer and Branch

Make, type and model of other vehicle Reg. No

2. Particulars of damage to other property

Owner's name and address

..... Telephone

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

SKETCH PLAN OF ACCIDENT

Indicate street name, road markings, road signs and traffic lights and distance of vehicles from the kerb.

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DECLARATION

Note: If you have been unable to provide all the information that we require, circle the areas applicable and advise relevant details by telephone as soon as possible. Use an additional sheet of paper if there is insufficient room on this form.

I declare that;

All of the statements and information in this claim form are correct and that I have told Allianz New Zealand Limited and PROTECTA Insurance New Zealand Limited everything which may be relevant to this claim;

I/WE authorise the disclosure to Allianz of personal information held by any other party regarding any previous insurance of whatever kind or any previous claim under such insurance or any matter Allianz may reasonably regard as relevant to my/our insurance or any claim made under this insurance

I/WE authorise Allianz to release to other parties any information which Allianz holds relevant to my/our insurance or any claim made under this insurance

I/WE authorise Allianz to use personal information that it obtained in connection with this insurance or any claim on this insurance for any other purpose in respect of which this personal information may be relevant.

Signed by Rider Signed by the Insured Date