

How To Fill Out This Form:

1. Once the cursor is in a box enter any relevant information.
2. When finished either print the document or "File - Save As" to save a copy with your data in it.
3. If possible email the completed pdf to us (claims@icib.co.nz), otherwise fax or mail.

Motor Vehicle Claim Form

Policy Details

Insurer:
Policy no: Claim no:

Policy Holder Details

Insured name:
Address:
Phone nos: Home: Business:
Fax: Email:
Occupation:

Driver Details

Given names: Surname:
Address:
Date of birth: Relationship to insured:
Occupation: Licence no:
Type: Classes covered: Years held NZ licence:

Vehicle Details

Make: Model: Type:
Registration no: Year: Cert of fitness:
Modified: Details:
Name of any party with financial interest:

Details of any intoxicating liquor or drug (prescribed or otherwise) taken by you in the 12 hours prior to the accident.

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Details of all traffic offences (other than parking) incurred by you within the last 5 years.

Date	Offence	Action taken

Detail of all motor accidents (other than windscreen breakage) that you have been involved in the last 5 years.

Date	Accident

Did the Police attend the accident?

Yes

No

If "Yes", please indicate the Officer's name and number and their station:

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Was any person required to complete a blood / breath test?

Yes

No

If "Yes", please indicate their name, type of test and the results:

Name	Type of test and results

Passengers

Give details of any passengers.

Name	Address	Phone number

Independent Witnesses

Give details of any witnesses.

Date	Address	Phone number

Other Party Details

Third Party Details:

Name	Address	Home phone	Business phone

Vehicle details:

Make	Model	Reg no	Insurance co

Details of damage:

Details of Accident or Loss

Location: Suburb/Town:

Time: Date: Day:

Speed prior to braking: Approx speed:

Road surface sealed? Yes No

Weather: Road Surface Condition:

Were your headlights on and functioning? Yes No

Who do you consider was responsible for the accident?

Did the other driver admit liability? Yes No

Accident Details

Describe in detail how the accident occurred:

Has the vehicle been sent for repair?

To Whom:

If the vehicle has not been sent for repair, please have it taken to a panelbeater and have them arrange for an assessor.

Estimate:

Details of damage:

Sketch Plan of Accident

Indicate: layout of roads, road signs, position of vehicles, path vehicles traveled, registration numbers if known.

Your vehicle:

Other vehicle:

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

DECLARATION

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

- I/We declare that the information given in this form is correct.
- I/We agree that, should there be any dispute over any payment of this claim, the named insurer shall be entitled to submit the dispute to arbitration.
- I/We authorise and request the New Zealand Police to release to the named insurer copies of any documents held by the New Zealand Police relating to the incident giving rise to this claim. If necessary authority should be treated as a formal request pursuant to the Official Information Act, 1982.
- I/We authorise the disclosure of personal information held by any other party regarding this claim.
- I/We agree to the named insurer releasing to other parties personal information regarding this claim.
- I/We authorise the insurer or its authorised agent to give or obtain from the other insurers or other parties any information relating to any insurance held or claim made.
- I/We solemnly declare that the information given and contained in this document is true and correct by virtue of the Oaths & Declaration Act, 1957. I/We acknowledge that if any information is incorrect or has been concealed it may result in the claim being declined.

I hereby agree that I have read and understood the above declaration:

Yes

No

Insured's signature:

Date: