



## Motor Vehicle Claim Form

### Insured Details

Company Name/Policy Holder Name \_\_\_\_\_

### Contact details of the person completing this form

Contact Person \_\_\_\_\_ Contact Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Position \_\_\_\_\_

### Driver Details

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mobile \_\_\_\_\_ Driver License Number \_\_\_\_\_

Licence version number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Is the driver holding New Zealand Full License?    Yes        No

If no, please advise type and held year \_\_\_\_\_

Was any intoxicating liquor and/or drug (prescribed or otherwise) consumed by the driver in the 12 hours prior to the accident?

Yes        No

If yes, please advise details \_\_\_\_\_  
(including time, volume/quantity and place of consumption)

Was a breathalyser, blood test or any other test requested?    Yes        No

If yes, please advise details \_\_\_\_\_

In the past 5 years, has the driver had their driver licence endorsed, cancelled, or suspended?    Yes        No

If yes, please advise details \_\_\_\_\_

### Incident Details

Date of Incident \_\_\_\_\_ Time of incident \_\_\_\_\_ Vehicle Plate Number \_\_\_\_\_

Vehicle Make & Model \_\_\_\_\_ Location of Incident \_\_\_\_\_

Incident Details

Police Reference number if applicable \_\_\_\_\_

Who do you believe was at fault, and why? \_\_\_\_\_

Is the vehicle driveable? \_\_\_\_\_

If not driveable, where is the vehicle? \_\_\_\_\_



**Third Party Details**

Name \_\_\_\_\_ Mobile \_\_\_\_\_ Email Address \_\_\_\_\_

Third party vehicle plate number \_\_\_\_\_ Third Party Claim Number if applicable \_\_\_\_\_ Insurer \_\_\_\_\_

Third party vehicle damages \_\_\_\_\_

**Witness (if applicable)**

Name \_\_\_\_\_ Contact Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_ Contact Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Repairer Details**

Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

**Privacy Act**

This form collects personal information about you so we can consider your claim and update your insurances. It will be held by Prestige Insurance Broker Services Limited and the underwriter who receives your claim. You may request access to, and correction of, this information subject to the provisions of the Privacy Act 2020. The collection of this information by Prestige Insurance Broker Services Limited is required under the terms of your insurance policy. Failure to provide this information may result in your claim being declined

**Declaration**

- I declare that to the best of my knowledge the details given in this claim form are true. I have not withheld any information likely to affect insurers' consideration of the claim.
- I undertake to render all possible assistance in connection with this claim.
- I agree that Prestige Insurance Broker Services Limited and the insurance company (and/or their agent) with whom I am insured may give to or obtain from appropriate individuals or organisations any information relevant to this claim.
- I understand that insurers and Prestige Insurance Broker Services Limited require this information to evaluate the claim. I understand that the Privacy Act 2020 entitles me to have access to, and request the correction of, this information.
- I have read and I understand the above Declaration.

Note: Failure to provide correct and complete information could result on your claim not being accepted by the insurance company.

Signature \_\_\_\_\_

Date \_\_\_\_\_