



Claim Form – Commercial Motor Vehicle

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 Licence number _____

Licence version number _____ Expiry Date _____

Is the driver holding New Zealand Full Licence? Yes No If no, please advise type _____

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

Did the driver have alcohol 12 hours prior to the accident? Yes No

Incident Details

Date of incident _____ Time of incident _____ Vehicle Make and Model _____

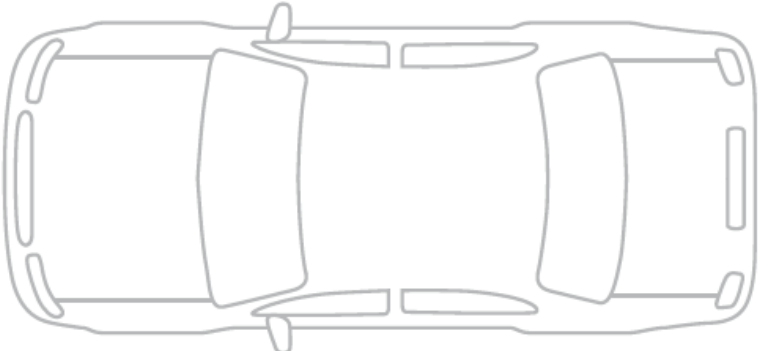
Vehicle Registration number (if does not have a registration number, please provide vehicle description or serial number)

Location of incident _____

Please advise what happened.

Please indicate the damage of the vehicle (Please indicate damaged areas by shading the diagram below if necessary).

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Were the police notified? No	Yes	Please advise police contact number or reference number _____		
Was the incident your fault? No	Yes	Did the other party admit liability?	No	Yes

Third Party Details

Name _____ Mobile _____ Email address _____

Physical Address _____

Third Party Vehicle Registration Number _____ **Third Party Insurer** _____ **Policy Number** _____

Third Party Property Damage _____

Witness Details (if applicable)

Name _____ Contact Details _____

Repairer Details

Name _____ Phone _____

Address _____ Email _____

1. I declare that to the best of my knowledge the details given in this claim form are true.
2. I undertake to render all possible assistance in connection with this claim.
3. 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 information relevant to this claim.
4. I agree that the insurance company with whom I am insured may give to or obtain from ICR details of information relevant to this claim. (The Insurance Claims Register Ltd (ICR) holds details of claims under policies issued by participating insurers. Participating insurers can check details of your claims history at ICR.)
5. 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.

Signed: _____

Company Name _____

Date _____

Position _____