



Claim Form

Motor Vehicle

IMPORTANT NOTICE

Please read the following before proceeding to complete this Claim Form

Pursuant to the Privacy Act 2020 (NZ) ('Privacy Act') the following is brought to your attention:

- This claim form collects personal information about you;
- The information is collected to evaluate your claim;
- The intended recipient of the information is: The Insurers named above (herein-after called 'the Company') and is being held by them or by their agent, IUA;
- The collection of this information is required pursuant to the terms of your insurance policy;
- The failure to provide this information may result in your claim being declined;
- You have rights of access to, and correction of, this information subject to the Privacy Act.

Privacy Collection Statement

We are committed to protecting your privacy and complying with the Privacy Act 2020.

We use your information to assess the risk of providing you with insurance, provide quotations, issue policies and assess and manage claims, on behalf of the insurers we represent. If you do not provide us with full information, we may not be able to provide insurance or assess and manage a claim. If you provide us with information about someone else, you must obtain their consent to do so.

We may provide your personal information to the insurer we represent, insurance regulators and other insurance bodies such as the Insurance Council of New Zealand. We may also provide your information to your broker and any third party claims service providers (such as claims management companies, parties repairing or replacing the subject matter, loss adjusters and appointed law firms (and the like)). If a recipient is not regulated by laws which protect your information in a way that is similar to the Privacy Act, we will take reasonable steps to ensure that they protect your information in the same way we do or seek your consent before disclosing your information to them. We do not trade, rent or sell your information.

Our Privacy Policy contains more information about how to access and correct the information we hold about you and how to make a privacy related complaint, including how we will deal with it. By providing us with your personal information, you consent to its collection and use as outlined above and in our Privacy Policy. Ask us for a copy of our Privacy Policy via email at privacy@dualnewzealand.co.nz or access it via our website using the following [link](#).

Due Date: / /

Excess: _____

Premium paid?

Yes [] No []

Section 1 | Insured Details

1. Name of Insured: _____
2. Company: _____
3. Address: _____
4. Telephone: (home) _____
5. Telephone: (work) _____
6. Email: _____
7. Name of any other party with financial interest in the vehicle: _____

8. Is there any other insurance on the vehicle or accessories? Yes [] No []

If YES, please provide details:

Section 2 | Insured Vehicle

1. Make _____
2. Model: _____
3. Type: (e.g. Van, Car, Artic, Flat-top etc.) _____
4. Year: _____ Registration Number: _____
5. Has the vehicle been modified in any way? Yes [] No []
6. Is the vehicle a used import? Yes [] No []
7. Has the vehicle a current Certificate of Fitness? Yes [] No []

Section 3 | Person driving the Vehicle

1. Full Name: _____
2. Date of birth: _____
3. Telephone: (home) _____
4. Telephone: (work) _____
5. Address: _____
6. Occupation: _____
7. Drivers License Number: _____

Type: _____

Years held: _____

Date: / /

Country of Issue: _____

8. License Classes (please list): _____

9. License Special Conditions (please list): _____

10. Was the vehicle being driven with the owner's consent? Yes [] No []

If NO, please provide details:

11. Are they the main driver of the insured vehicle? Yes [] No []

If not the Policyholder, do you own a vehicle? Yes [] No []

If YES, please provide details (name of insurance company):

12. Did the driver consume alcohol / drugs (include medication) within 24 hours prior to the accident? Yes [] No []

13. Did the police attend? Yes [] No []

14. Have the police laid or mentioned laying charges against the driver of the vehicle? Yes [] No []

If YES, do you know what the charges are likely to be? Please provide details: _____

15. Was a breathalyser, blood test or any other such test done? Yes [] No []

16. During the past five (5) years, have you:

a. been convicted of any offence other than parking? Yes [] No []

If YES, please provide details of type and penalty: _____

b. Had any other accident, loss of claim in connection with any other motor vehicle?

Yes []

No []

If YES, please provide brief details of year / cost / insurance: _____

Section 3 | Details of other persons

Passengers in your vehicle

1. Name: _____

Telephone: _____

Address: _____

2. Name: _____

Telephone: _____

Address: _____

Owner/Driver of other vehicle or property

Name: _____

Telephone: _____

Address: _____

Vehicle/Property Details: _____

Registration No: _____

Insurer: _____

Independent witnesses

1. Name: _____

Telephone: _____

Address: _____

2. Name: _____

Telephone: _____

Address: _____

3. Name: _____

Telephone: _____

Address: _____

4. Vehicle/Property Details: _____

b. Registration No: _____

c. Insurer: _____

Section 4 | **Details of Loss or Accident**

Note: please continue on a separate sheet if necessary.

1. Date: / / Time: _____

Location (eg. street): _____

Suburb or Town: _____

Weather: Rain [] Overcast [] Fog [] Bright Sun [] Clear Night []

Road: Sealed [] Metal [] Wet [] Dry []

What speed limit was in force:

50km/hr [] 100 m/hr [] Other [] Please state: _____

What was your speed prior to breaking? _____ At impact? _____

2. Please state reason for journey: _____

3. Was anyone injured in the accident? Yes [] No []

If YES, please advise who, their relationship to the driver and known extent of the injuries:

4. Please describe in detail how the accident occurred: _____

5. What, in your opinion, caused the accident: _____

Section 5 | Damage to the Insured Vehicle

Note: Do not proceed with repairs without IUA's authority.

1. Describe Damage: _____

3. Repairer: _____
 Telephone: _____
 Estimate: _____
4. If not at above, please state the date of repair: / /
 OR where can vehicle be inspected: _____

Section 6 | Sketch plan of Accident

Note: please continue on a separate sheet if necessary.

1. Please provide a sketch plan of the accident.
 - a. Please indicate street names.
 - b. Direction of vehicles: Your vehicle: —————→ Other vehicle: -----

Section 6 | Declaration

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

1. I/We agree to the Company or their agents IUA disclosing my/our personal information regarding this claim to:
 - a. Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICR Ltd) P.O. Box 474, Wellington, where it will be retained and made available to other insurance companies to inspect.
 - b. Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.
 - c. I / We understand that I am/We are entitled to have certain rights of access to and correction of the personal information held by the Company and ICR Ltd.
2. I/We agree to the Company acting through their agents IUA obtaining personal information about me/us that is, in the Company's or IUA's view, relevant to this claim.
 - a. From any other party including other members of the Insurance Industry and from Insurance Claims Register Ltd (ICR Ltd) Which holds details of claims made by me/us under policies with other insurers.

All the information and answers (whether written or oral) given to the Company in connection with this claim are correct and that no information relevant to the claim has been omitted. I/We authorise the Company to act on my/our behalf.

Full Name of Policyholder: _____

If a company, state capacity: _____

Policyholder's Signature: _____ Date: / /

Full Name of Driver: _____

Driver's Signature: _____ Date: / /