

In this claim form we are collecting information to enable us to evaluate your claim. Under the Privacy Act 2020 we are required to inform you about certain rights and obligations relating to the information we are collecting. This is in the declaration at the end of the form. We recommend that you read it before continuing. The issue of this form does not constitute an admission of liability and is issued without prejudice.

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

Please send the completed form and accompanying documents to	Postal Address	Facsimile	Email	Questions?
	Assurant PO Box 37371, Parnell, Auckland 1151	09 915 7831	<a href="mailto:nz.motorteam@assurant.com">nz.motorteam@assurant.com</a>	Please call us on 0800 776 832

**1) INSURED DETAILS** Policy Number .....

Title:  Mr  Mrs  Miss  Ms  Other..... Date of Birth .....

First Name ..... Last Name .....

Address..... Home Phone..... Work Phone .....

Mobile ..... Email .....

**For Motorcycle claims** - record the registration number of a previous motorcycle owned by you in the last 5 years (if applicable): .....

**NOTE: It is important that you provide us with the correct name of the Policy Holder and the Policy Number.**

**2) DRIVER / RIDER PARTICULARS**

Was the Insured the Driver / Rider (or was in charge of the vehicle while it was parked?)  Yes - Go to next section  No - Complete this section

Title:  Mr  Mrs  Miss  Ms  Other..... Date of Birth .....

First Name ..... Last Name .....

Address..... Home Phone..... Work Phone .....

Mobile ..... Email .....

(a) What is your relationship to the Insured?  Employee  Family  Friend  Other .....

(b) Did you have the Insured's consent to use the vehicle?  Yes  No  
If "No", how did the Driver gain possession of the vehicle?.....

(c) Do you regularly drive / ride this vehicle?  Yes  No If Yes how often? .....

(d) Do you own your own vehicle?  Yes  No If Yes, Make & Model?.....

(e) Do you own a vehicle which is insured?  Yes  No If "Yes", which insurer? .....

**3) DRIVER DETAILS**

Licence Number (5a)..... Version Number (5b)..... Issued By .....

Which Vehicle Classes?..... Issue Date..... Expiry Date .....

LEARNER  RESTRICTED  FULL  OVERSEAS  NEVER LICENCED  DISQUALIFIED

In the last 5 years, has the Driver:

(a) Had their licence endorsed or suspended?  Yes  No  
If "Yes", when and why?.....

(b) Been refused insurance or renewal, or had a Policy cancelled?  Yes  No  
If "Yes", when and why?.....

(c) Have any previous traffic and non-traffic convictions or pending charges (excl parking)?  Yes  No  
If "Yes", when and why?.....

(d) Been involved in (i) any previous accidents or (ii) suffered any losses?  Yes  No  
If "Yes", when and what were the losses? (include accidents or losses which were not claimed under insurance).....

**4) PURPOSE OF USE**

(a) What was the vehicle being used for prior to the accident?  Business Use  Personal Use  
Please provide full details of your journey .....

**5) INSURED VEHICLE**

Make & Model..... Year..... Registration Number .....

Has the vehicle been modified in any way?  Yes  No If "Yes", please state value \$.....

Please describe modifications.....

Name and address of any other party with a financial interest in the vehicle?.....

**6) WITNESSES (Where applicable, indicate if witness was Driver or Passenger)**

Was there any witnesses to the accident?  Yes - Complete this section  No - Go to next section

WITNESS 1) Full Name.....  Driver  Passenger  
Address..... Phone.....

WITNESS 2) Full Name.....  Driver  Passenger  
Address..... Phone.....

**Add details of additional witness on a separate page**

**7) INSURED VEHICLE DAMAGE**

Particulars of damage to your vehicle? .....  
Was your vehicle transported?  Yes  No If "Yes", name of transport company? .....  
Name of Repairer ..... Address ..... Telephone .....  
What date was the vehicle taken to the Repairer? ..... Repair Estimate (if Known)? \$ .....

**8) OTHER PARTY'S DETAILS**

Was there any other party(s) involved in the accident? (i.e. vehicles, property etc...)  Yes - Complete this section  No - Go to next section  
**PARTY 1)** Full Name ..... Telephone .....  
Address ..... Insurer? .....  
Vehicle Make & Model ..... Registration Number .....  
**PARTY 2)** Full Name ..... Telephone .....  
Address ..... Insurer? .....  
Vehicle Make & Model ..... Registration Number .....  
Particulars of damage to other party(s)? .....  
**NOTE: All communications that you receive claiming damages must be forwarded to Assurant without you replying or admitting fault**

**9) PARTICULARS OF ACCIDENT**

Day of the accident ..... Date ..... Time ..... AM / PM  
Exact Location of accident? (Show Street & Town) .....  
If accident was at an intersection, name intersecting streets? .....  
(a) Describe the weather conditions?  Rain  Bright Sun  Fog  Overcast  Clear Night  
(b) Describe the road conditions?  Wet  Dry  Ice  Sealed  Metal  
(c) Was your vehicle travelling or parked?  Travelling  Parked  
(d) Was there a...:  Stop sign OR  Give way OR  Traffic lights If "Yes", were they in your favour?  Yes  No  
(e) Were your headlights on?  Yes  No If "Yes", were they on High/Low beam?  High beam  Low beam  
(f) Your speed prior to impact? ..... Kph Other party's speed prior to impact? ..... Kph  
(g) Which Driver/Rider was at fault and why? .....  
(h) Was any liquor and/or drugs (prescribed or otherwise) consumed by the Driver within 12 hours before accident?  Yes  No  
If "Yes", please give details including time, place and quantity consumed .....  
(i) Was accident reported to Police?  Yes  No  
(j) Did Police attend the accident?  Yes  No If "Yes", please state name & number .....  
(k) Was a breath test required?  Yes  No If "Yes", what was the result? .....  
(l) Was a blood test taken?  Yes  No If "Yes", what was the result? .....  
(m) Please describe in detail, how the accident happened .....

**10) SKETCH OF ACCIDENT**

Please show clearly:  
• Your vehicle (A), other parties (B), (C) and so on  
• Direction of travel and where each vehicle was prior to the accident.  
• Mark the accident point with an X.  
• Name all streets, mark all road signs, Stop signs, Give ways and Traffic lights.

**11) DOCUMENTATION** Please attach a copy of  Your Drivers Licence and  Repairer's Quote for the damage (if available)

**12) DECLARATION**

**Pursuant to the PRIVACY ACT 2020 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 recipient of the information is the insurer detailed in your Insurance Policy.  
4. The information is being collected and held by Protecta Insurance of 110 Symonds Street, Grafton, 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.  
**You have rights of access to and correction of this information subject to the provisions of the Privacy Act 2020.**  
I/We declare that the information given in this claim is correct.  
I/We agree that, should there be any dispute over any payment of this claim, Protecta and/or the insurer shall be entitled to submit the dispute to arbitration.  
I/We authorise and request the New Zealand Police to release to Protecta and/or the insurer copies of any or all documents held by the New Zealand Police relating to the incident giving rise to this claim. If necessary this 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 the Ministry of Justice, NZ Transport Agency and any other party regarding this claim.  
I/We authorise Protecta and/or the insurer to:  
- check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access.  
- disclose personal information to other parties, members of the insurance industry and/or parties who have a financial interest in the subject matter of this insurance.  
Driver / Rider's Signature ..... Insured Signature ..... Date .....

Note: The insurance to which this form relates is issued by Protecta Insurance New Zealand Limited (NZ Company No 312700) of 110 Symonds Street, Grafton, Auckland 1010 (Protecta) as agent for Virginia Surety Company Inc, New Zealand branch (a US incorporated company with NZ Company No 920655) of Unit 3, Level 2, 73 Manchester Street, Christchurch 8011 (VSC). The insurance is underwritten by VSC. Protecta and VSC are part of the Assurant, Inc. group (Assurant).