

Motor Vehicle Damage Claim form

Important notice

You must answer all questions honestly and fully. The issue of this claim form is not an admission of liability by QBE Insurance.

How to complete this form

- To help us process your claim quickly, you must answer all questions fully. If there is insufficient space, please use additional pages. If a question is not relevant to your situation, please write 'N/A'.
- If you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker

Company

Individual

A Insured's details

1. Insured's name

2. Policy number

3. Expiry date

dd / mm / yyyy

4. Address

5. Phone

Work

Mobile

6. Email address

7. Bank details (to be used for claims settlements)

(a) Payee name

(b) For payments into New Zealand accounts, please provide bank, branch and account numbers:

(c) For payments into overseas accounts, please provide the following:

Bank

Branch

Country

Swift/sort code

Account number



B Driver details

1. Name of driver

2. Date of birth

3. Address

4. Phone Work Mobile

5. Email address

6. Is the driver's licence current? Yes No

7. Is it a New Zealand driver's licence? Yes No

8. Length of time that licence has been held for this type of vehicle.

9. What type of licence is it? Full Restricted Learner

10. If restricted or learner, please provide details of any restrictions that apply.

11. Licence number

12. Date of issue

13. Expiry date

14. Licence card version number (This is 5B on a NZ driver's licence.)

15. Has the driver's licence ever been endorsed or cancelled? Yes No

16. Has the driver been involved in previous accidents in the past three years? Yes No

If 'Yes' to questions B15 and B16, please provide full details.

17. If the driver was not the insured:

(a) Was the vehicle being used with the insured's knowledge and consent? Yes No

(b) State relationship to insured (eg wife, son, friend, employee, hirer etc)

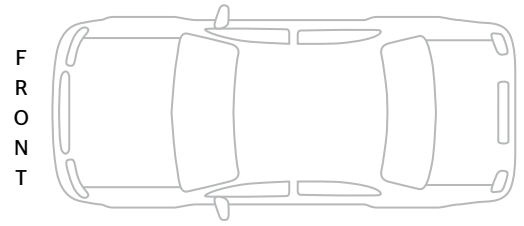
(c) Does the driver own his/her own vehicle? Yes No

If 'Yes', with whom is it insured?

Branch

C Insured vehicle

1. **Vehicle:**
- Make
- Model
- Year
- Registration number



Please indicate damaged area(s) by shading the diagram above.

2. **Repairer:**
3. **What arrangements have been made for QBE to inspect the vehicle?**
- (a) At the repairer (b) Repairer to contact QBE when vehicle is available
- (c) Other

4. **At the time of the accident was the vehicle being used for business or carrying any goods?** Yes No

If 'Yes', please provide full details.

D Accident details

1. **When did the accident happen?**

Day Date Time am pm

2. **Please describe the exact location of where the accident occurred (street, intersections, town).**

3. **Were any of the following traffic controls present at the scene of the accident?**

Stop sign Yes No Give-way sign Yes No Traffic lights Yes No

If 'Yes', were they in your favour?

Yes No

4. **Was the road wet at the time of the accident?** Yes No

5. **Were your vehicle headlights on?** Full beam Dipped beam No

6. Please describe how the accident occurred.

Blank area for describing the accident.

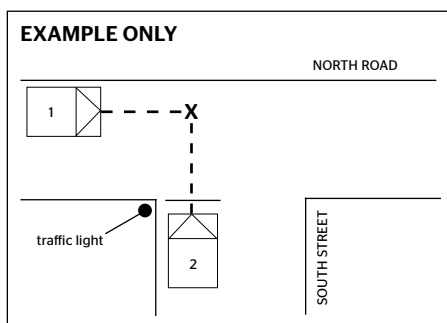
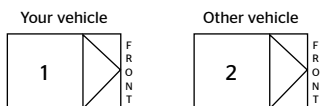
7. Who do you believe was at fault, and why?

Blank area for identifying fault.

E Sketch plan

1. Please provide a sketch, showing as clearly as you can:

- (a) the direction you were travelling and position of each vehicle prior to the accident
- (b) the place where impact took place - mark as 'X'
- (c) street names and location of traffic lights or Stop/Give-way signs.



Blank area for drawing the sketch plan.

F Third-party damage

1. Were any other vehicles involved in the accident?

Yes No

If 'Yes', please provide details below.

2. Third-party vehicle

Insurer

Make/model

Reg No.

3. Driver's

Name

Phone

Address

Email
address

4. Owner's

Name

Phone

Address

Email
address

5. Please provide brief details of third-party vehicle damage as a result of the accident.

6. Was any other third-party property damaged in this accident (eg fencing, poles etc)?

Yes No

If 'Yes', please provide details.

Description of property	Name and address of owner	Insurer (if any or known)

G Authorities/witnesses

1. Was the accident reported to the Police?

Yes No

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

Yes No

If 'Yes', please provide details (including time, volume/quantity and place of consumption).

3. Was a breathalyser, blood test or any other test requested?

Yes No

If 'Yes', what was the result?

4. Were there any other passengers in your vehicle or any other witnesses?

Yes No

If 'Yes', please provide the details below.

Passenger 1

Name

Phone

Address

Email address

Passenger 2

Name

Phone

Address

Email address

Witness 1

Name

Phone

Address

Email address

Witness 2

Name

Phone

Address

Email address

Declaration

I/We declare that:

- (a) The information and answers given above are correct to the best of my/our knowledge and belief. I/We have not withheld any information likely to affect QBE's consideration of the claim.
- (b) I/We understand that QBE requires this information (which will be retained by QBE) to evaluate the claim. I/We understand that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, this information.
- (c) QBE is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise QBE to obtain, from any other party, information that is, in QBE's view, relevant to this claim.

Signed by applicant

Date

dd / mm / yyyy

Printed name

Phone

Position

Mobile

Email address

PRINT