



E: motorclaims@gbtpa.co.nz www.mainstreaminsurance.co.nz

Motor Vehicle Claim Form

Please return this claim form promptly to us with all questions fully answered. Please forward any communications connected with this accident to us immediately. Our motor vehicle claims are managed by Gallagher Bassett - the largest multi-disciplinary third party claims administrator in New Zealand.

1. Insured / Owner Details

Surname..... First name

Address Suburb/Town

Telephone.....(.....)..... Email.....

Date of birth Policy number Claim number

2. Vehicle Details

Make/model Year Registration number

Current warrant of fitness? Yes No If 'No', details

Current registration? Yes No If 'No', details

Finance on the vehicle? Yes No If 'Yes', details

Is the vehicle registered as a taxi, used for Uber services, as a courier or for any other business use? Yes No

If 'Yes', provide details:.....

3a. Driver Details or Person in Charge

Was the driver or person in charge of the vehicle at the time of the accident the person shown under section 1? Yes No

If 'No', please complete the following:

Surname..... First name

Date of birth

Address Suburb/Town

Telephone.....(.....)..... Email.....

3b. Driver Details or Person in Charge

Do you have a current drivers licence? Yes No

Licence number Version Expiry date.....

Classes/conditions..... Year licenced Country of issue

3c. Driver Details or Person in Charge

Has the driver ever been refused vehicle insurance or had a policy cancelled or not renewed? Yes No

If 'Yes', provide details:.....

In the last 5 years have you had a criminal conviction or been fined for any traffic offences (other than parking)? Yes No

If 'Yes', provide details:.....

In the last 5 years have you been involved in a motor vehicle accident? Yes No

If 'Yes', provide details:.....



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4a. Accident Details

When did the accident happen? Date Time.....am/pm.....

Location (street / intersection)

Weather conditions Overcast Rain Fine Fog Clear Night

Road conditions Sealed Unsealed Dry Wet Ice

Was the vehicle being used as a taxi, for Uber services, as a courier or for any other business use? Yes No

If 'Yes', provide details:.....

What was the vehicle being used for (journey details)?

Insured vehicle speed prior to accident?

Description of accident – what happened?.....

.....
.....
.....
.....
.....

4b. Liability / Police Report

Did anyone admit liability? Yes No If 'Yes', who?

Who do you consider was responsible for the accident?.....

Was the accident reported/attended by the police? Yes No

If 'Yes', state police officers name/number

Was any intoxicating alcohol and/or drugs consumed by the driver in the 12 hours prior to the accident? Yes No

If 'Yes', provide details (what/when/quantity).....

Was a breath and/or blood test requested from the driver? Yes No

If 'Yes', provide details.....

5. Diagram of Accident

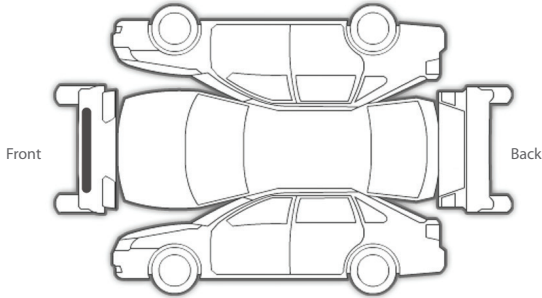
Please show clearly:

Travel direction for each vehicle, Street names, Road signs (Give Way, Stop etc), Road markings/intersections, Traffic lights/traffic islands, Point of impact.

Motor Vehicle Claim Form cont.

6. Insured Vehicle Damage

Please indicate the damaged areas to your vehicle on the diagram:



Please describe the damage

.....

.....

.....

.....

.....

7. Other Vehicles

Were there any other vehicles involved in the accident? Yes No If 'Yes', please provide details below:

Other driver/owner: Surname.....

Other driver/owner: First name

Address

Suburb/Town

Telephone... (.....)

Email

Other vehicle Make/model

Registration number

Insurer

Details of damage to other vehicle

.....

8. Your Vehicle Passengers and Witnesses

Surname.....

First name

Address

Suburb/Town

Telephone... (.....)

Passenger Witness

Surname.....

First name

Address

Suburb/Town

Telephone... (.....)

Passenger Witness

Surname.....

First name

Address

Suburb/Town

Telephone... (.....)

Passenger Witness



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Motor Vehicle Claim Form cont.

9. Other Property

Was any other property damaged in this accident (e.g. fences, gardens)? Yes No If 'Yes', please provide details below:

Property damaged

Owners Surname..... Owners First name.....

Address Suburb/Town

Telephone.....(.....)..... Email.....

Insurer (if any or known).....

10. Declaration and Privacy

I declare that:

- All the answers in this claim form and on any attachment are complete and correct; and
- I have told DPL Insurance about every matter that I know (or could reasonably be expected to know)

I acknowledge that;

- Personal information concerning me provided to DPL Insurance Limited, and its related or associated companies and my intermediary, whether contained in this claim form or otherwise obtained is provided and may be held, used and disclosed by DPL Insurance and my intermediary
- The information provided in this claim form is held by DPL Insurance, PO Box 33 1248 Takapuna, Auckland 0740 and my intermediary
- I have the right under the Privacy Act 1993 to request access to and to request correction of any personal information held concerning me

I authorise;

- DPL Insurance and its related or associated companies and my intermediary to obtain from any person any information required to perform, or complete any of the purpose in connection with which I have provided personal information to them
- Any such person to release to DPL Insurance and its related or associated companies and my intermediary any personal information that the person holds concerning me that is relevant for the purposes that they are seeking the information.

Signature of Driver X..... Date

Signature of Insured X..... Date