



# DETAILS OF ACCIDENT OR LOSS

LOCATION: (e.g. Street): \_\_\_\_\_ Suburb or Town: \_\_\_\_\_

TIME: \_\_\_\_\_ a.m./p.m. DATE: \_\_\_\_\_ Day of the Week: \_\_\_\_\_

Speed prior to braking: \_\_\_\_\_ Km.p.h. Approx. Speed on impact: \_\_\_\_\_ Km.p.h.

DESCRIBE IN DETAIL HOW THE ACCIDENT OCCURRED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was road surface sealed?: Yes  No  Weather: \_\_\_\_\_ Road Surface Condition: Wet  Dry

Were your headlights switched on and functioning? Yes  No  Dip or High Beams?: \_\_\_\_\_

Was any warning (horn signals etc.) given by any person? Yes  No  By whom?: \_\_\_\_\_

Do you consider the other driver was responsible for the accident? Yes  No  Reason? \_\_\_\_\_

# DETAILS OF DAMAGED VEHICLE

FULL DETAILS OF DAMAGE OR LOSS TO INSURED VEHICLE etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where can the insured vehicle be inspected? \_\_\_\_\_

Have you sent it to be repaired? Yes  No  If Yes, to whom? \_\_\_\_\_


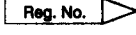
Have you obtained an estimate for repairs? Yes  No  If Yes, state from whom? \_\_\_\_\_

Amount of estimate obtained? \$ \_\_\_\_\_

Has Lumley Insurance yet been contacted regarding the loss and/or have we been given the opportunity of appointing an independent assessor or loss adjuster (if required)? Yes  No

# SKETCH PLAN OF ACCIDENT

SKETCH PLAN OF SCENE OF ACCIDENT (Not required for Fire or Theft):

Indicate: 1. The layout of the roads and road names. 2. Road signs and markings. 3. Position of vehicles at impact. 4. Path vehicles travelled. 5. Identify your vehicle:  other vehicle:  Reg. No. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**It is essential that this form be returned promptly to the Insurance Service Centre**

**Pursuant to the PRIVACY ACT 1993 the following is brought to your attention:**

- (a) This claim form collects personal information about you;
- (b) The information is collected to evaluate your claim;
- (c) The intended recipient of the information is the Lumley General Insurance (N.Z.) Limited;
- (d) The information is being collected and held by the Lumley General Insurance (N.Z.) Limited, PO Box 1040, Auckland;
- (e) The collection of this information is required pursuant to the terms of your insurance policy;
- (f) The failure to provide this information may result in your claim being declined;
- (g) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

**DECLARATION:** (Note: Failure to provide full and correct information could result in the claim being declined.)

I/We declare that -

- The information given in this form to be correct.
- I/We agree that, should there be any dispute over any payment of this claim, Lumley General Insurance (N.Z.) Limited shall be entitled to submit the dispute to arbitration.
- I/We authorise and request the New Zealand Police to release to Lumley General Insurance (N.Z.) Limited 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 any other party regarding this claim.
- I/We agree to the Lumley General Insurance (N.Z.) Limited releasing to other parties personal information regarding this claim.
- I/We authorise the Insurer or its authorised agent to give or obtain from other insurers or other parties any information relating to any insurance held or claim made.

Insured's Signature: (if company, state position) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's Signature (if applicable) \_\_\_\_\_