

## Motor Vehicle Claim Form

Underwritten by Vero Insurance New Zealand Limited

Policy No.  Claim

### Policy Holder Details

Full Name   
Address

Phone Nos. Home:  Business:  Ext:   
Fax:  Email:

Occupation:

### Driver Details

Given Names: Mr	Surname:
Address:	
Date of Birth	Relationship to insured:
Occupation:	Licence number:
Type of licence:	Classes covered:
	Years held NZ licence:

### Vehicle Details

Make:	Model:	Type: Car, Van etc:
Registration number:	Year:	Cert of fitness:
Modified: Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes state details:	
Name of any party with financial interest:		

1. Details of any intoxicating liquor or drug (prescribed or otherwise) taken by you in the 12 hours prior to the accident. (If none state nil)

2. Detail all Traffic Offences (other than parking) incurred by you within the last 5 years. (If none state nil)

Approx date	Offence(s)	Action
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Detail all motor accidents (other than windscreen breakage) that you have been involved in the last 5 years. (If none state nil)

Approx Date	Details
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

4. Did the Police attend the accident? Yes  No  If Yes give details below

Officers name & number	Station
<input type="text"/>	<input type="text"/>

5. Was any person required to complete a blood/breath test? Yes  No  If Yes give details below

Name	Type of test	Results
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Passengers			
Name:			
Address:			
Phone:	Home:	Business:	Extension:
Name:			
Address:			
Phone:	Home:	Business:	Extension:

Independent Witnesses			
Name:			
Address:			
Phone:	Home:	Business:	Extension:
Name:			
Address:			
Phone:	Home:	Business:	Extension:

Other Party Details			
Name:			
Address:			
Phone:	Home	Business:	Extension:
Vehicle Details:	Make:	Model:	Reg No.
Details of Damage:			
Insurance Co:			

Details of Accident or Loss			
Location: (e.g. street):			Suburb/Town:
Time:	Hrs	Date:	Day: Monday
Speed prior to braking:	Km.p.h	Approx speed on impact:	Km.p.h
Road surface sealed?		Weather:	Road surface condition:
Where your headlights on and functioning?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes":	
Who do you consider was responsible for the accident?			
If other state who:			

How did the accident occur (describe in detail):	
Where can the vehicle be inspected?	
Has vehicle been sent for repair:	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes to whom:
Estimate:	Details of damage:

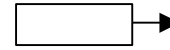
### Sketch Plan of Accident

Indicate: Layout of roads, Road signs, Position of vehicles, Path vehicles traveled, Reg numbers if known

Your Vehicle:



Other vehicle:



### Pursuant to the PRIVACY ACT 1993 the following is brought to your attention

(a) This claim form collects personal information about you	(e) The collection of this information is required pursuant to the terms of your insurance policy;
(b) The information is collected to evaluate your claim	(f) The failure to provide this information may result in you claim being declined;
(c) The intended recipient of the information is Axiom Risk & Insurance Management Ltd	(g) You have the rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993
(d) The information is being collected and held by Axiom Risk & Insurance Management Ltd PO Box 74547 Market Road Auckland	

**DECLARATION:** Note: Failure to provide full and truthful information could result in the claim being declined

I/We declare that the information given in this form is correct

I/We agree that, should there be any dispute over any payment of this claim, Axiom Risk & Insurance Management Ltd shall be entitled to submit the dispute to arbitration.

I/We authorise and request the New Zealand Police to release to Axiom Risk & Insurance Management Ltd copies of any documents held by the New Zealand Police relating to the incident giving rise to this claim. If necessary 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 Axiom Risk & Insurance Management Ltd releasing to other parties personal information regarding this claim.

I/We authorise the insurer or its authorised agent to give or obtain from the other insurers or other parties any information relating to any insurance held or claim made.

I/We authorise you to place details of this claim on the database of ICR Ltd, PO Box 474 Wellington, where it will be retained and be available to other insurance companies to inspect.

I/We solemnly declare that the information given & contained in this document is true & correct by virtue of the Oaths & Declarations Act, 1957. I/We acknowledge that if any information given is incorrect or has been concealed it may result in the claim being declined.