

Motor Vehicle Claim Form

Insured details Full details of Insured/Owner

Insured/owner:

Policy No:	Expiry date: / /
Postal address:	Suburb/Town:
If company, contact name:	Position:
Telephone No: (h) (w)	(mob)
Email address:	Fax No:

Vehicle details Full details of insured vehicle

Year:	Make:	Model:	Reg No:
Financially interested / leased:			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please give details: Company:			
Address:			
Type of vehicle:			
<input type="checkbox"/> Car	<input type="checkbox"/> Ute	<input type="checkbox"/> Van	
What type of load were you carrying on this trip?			
Has this vehicle been modified? <input type="checkbox"/> yes <input type="checkbox"/> no			
If yes please provide details:			

Trailer details Full details of insured trailer (if applicable)

Year:	Make:	Reg No:	
Financially interested / leased:			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please give details: Company:			
Address:			
Trailer:	<input type="checkbox"/> Full	<input type="checkbox"/> Semi	<input type="checkbox"/> B-Train <input type="checkbox"/> Domestic
Type of trailer:			
<input type="checkbox"/> Car	<input type="checkbox"/> Ute	<input type="checkbox"/> Van	

Drivers Details Full details of insured driver or person in charge of insured vehicle at the time of accident or loss

Full name: _____ Date of birth: / / _____

Home address: _____ Suburb/town: _____

New Zealand licence: Yes No Years licenced: _____ Type: Learner Restricted Full

Licence No: _____ Classes covered: _____ Expiry date: / / _____

Relationship to insured

Insured/Owner/Director Employee (full-time/part-time) Relative (specify): _____

Employed by agency Relief/Casual driver Other (specify): _____

For what purpose was the insured vehicle being used? Business Private

Was the insured vehicle used with the knowledge of Insured? Yes No

If No, please give details: _____

Has the Driver ever been convicted of any offence or penalty or fine in connection with any motor vehicles?

Yes No

Had you taken any intoxicating liquor and/or drugs (prescribed or otherwise) within the 12 hours prior to the accident?

Yes No

If Yes, please give full details: _____

Have you ever been convicted of any traffic or criminal offences (other than parking) within the last five years?

Yes No

If Yes, please give full details:

Approximate date	Offence	Court action
/ /		
/ /		

Have you had any motor accidents or claims including theft (other than windscreen breakage) within the last five years?

Yes No

If Yes, please give full details:

Approximate date	Details
/ /	
/ /	
/ /	

Has the Driver ever been convicted of any offence or penalty or fine in connection with any motor vehicles? Yes No

State quantity of intoxication liquor or drugs consumed by the driver during 12 hours prior to accident: _____

Has the driver ever been refused insurance or had special terms imposed? Yes No

Accident / Loss Details

Location (street): _____ Suburb/town: _____

Date: / / Time: am/pm Day of week: _____

Speed (kmph) prior to braking : _____ Approximate speed (kmph) on impact: _____

Road surface: _____

Sealed Unsealed Dry Wet Ice Snow

Weather conditions: _____

Fine Raining Strong winds Overcast Fog

Vehicle activity: _____

Collided with obstruction Turning vs same direction Reversing Head on Hit animal

Rear end Damaged whilst parked Lost control / left road Cornering Tipping

Overtaking / lane change Right turn against traffic Other (please specify): _____

Was any warning (horn signals etc) given by any person? Yes No

If Yes, please give details: _____

Were your headlights switched on and functioning? Yes No

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

If Yes, please give reasons: _____

Describe in detail how the accident occurred: _____

Details of damage or loss to insured vehicle (indicate where insured vehicle is damaged): _____

Frontal Bonnet Multiple sides Rear Driver's side

Windscreen/windowglass Roof Passenger's side No damage

Other (please specify): _____

Where can the insured vehicle be inspected? _____

Have you sent it to be repaired? Yes No

If Yes, please give name of repairer: Contact phone: _____

Have you obtained an estimate for repairs? Yes No

If Yes, please advise amount of estimate: Estimate \$ _____

Has Western Pacific Insurance 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

If Yes, please give details: _____

Other Parties Full details other parties involved

Name of Driver: _____ Occupation: _____

Address: _____

Type of Vehicle: _____ Rego No. _____

Insurance Company: _____ Policy No. _____

Details of damage to other vehicle : _____

Was anyone injured in the accident? Yes No

Please state the details of injury to other parties

Name & Address	Injuries	Submitted to Hospital	State whether passenger, pedestrian or driver etc
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_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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Details of damage to other property: (if any) _____

Owner of other Property: _____

Police Report

Do the Police have knowledge of this incident? Yes No

If Yes, please give details: Name of officer: _____ Number: _____

Address of station: _____

Did the Police attend the scene of the accident? Yes No

Did any driver undergo any test for alcohol or drugs? Yes No

If Yes, please give details: _____

Name: _____ Address: _____

Name: _____ Address: _____

Have the Police issued a Notice of Intended Prosecution, or given any verbal warning? Yes No

If Yes, to whom and for what alleged offence? _____

Name: _____ Offence: _____

Name: _____ Offence: _____

Declaration

(If a firm, this declaration must be made and signed by a member of the firm, so describing himself)

I/We declare that the above answers are true and correct, that I/We have in no manner caused the loss or by any fraud or willful misrepresentation sought unjustly to benefit by the event and that the information detailed in the Schedule appearing above is true and faithful account of the actual loss sustained excluding any profit or advantage.

Date at: Day _____ Month _____ Year _____

Signature _____

Important: If you receive any communication in any way connected with the accident please forward such unanswered to the company immediately.

