



Motor Vehicle Insurance Claim Form

WITHOUT PREJUDICE



JOHN BAKER
INSURANCE

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INSURED DETAILS

Name of Insured	Present Postal Address
Contact Numbers: Home (0)	Client Ref.
Business (0)	Policy No.
Mobile (0)	Insurer
Fax (0)	Claim No.
Email Address	

VEHICLE DETAILS

Details of the Insured Vehicle		
Make	Model	Warrant of Fitness Expiry
Year	Registration No.	Type: eg. Van, Car, Ute
For what purpose was the insured vehicle being used?		

DRIVER DETAILS

Essential details of insured driver or person in charge at time of the accident or loss		
Full Name MR/MS/MISS/MS	Relationship to Insured	Occupation
Date of Birth	Registration No.	Type: Learner <input type="checkbox"/> Restricted <input type="checkbox"/> Full <input type="checkbox"/>
Home Address	Classes Covered	Details
Licence & Version No.	Have you had your license cancelled / suspended / endorsed at any time? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Detail all traffic offences (other than parking) incurred by you within the last 5 years (if none state nil)		
Date	Offence(s)	Court Action
Detail all motor vehicle accidents or motor claims (other than windscreen breakage) that you have been involved in during the last five years (if none state nil)		
Date	Details	

INTOXICATING LIQUOR AND DRUGS

Detail all intoxicating liquor and/or drugs (prescribed or otherwise taken by you in the 12 hours prior to the accident. (if none state nil)

DETAILS OF ACCIDENT OR LOSS

Location (e.g. Street)	Suburb or Town
Time am/pm	Date
Speed prior to braking km/h	Approx. speed on impact km/h
Day of the Week	
Describe in detail how the accident occurred:	
Was the road surface sealed: No <input type="checkbox"/> Yes <input type="checkbox"/> Weather	
Road Surface Condition Wet <input type="checkbox"/> Dry <input type="checkbox"/>	
Were your headlights switched on and functioning? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Do you consider the other driver responsible for the accident : No <input type="checkbox"/> Yes <input type="checkbox"/> Reason?	

WITNESSES

It is important that names and addresses are obtained whether the driver considers him/herself to blame or not.

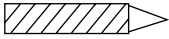
Independent Witnesses:
(Names(s) and address(es))

PLEASE RETURN THIS FORM PROMPTLY, WITH ALL QUESTIONS ON THE FRONT AND BACK FULLY ANSWERED. IF ANY QUESTION IS NOT APPLICABLE, STATE "N/A"

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.

Identify your vehicle: 

Other Vehicle: 

DAMAGE TO YOUR VEHICLE

Full details of damage or loss to insured vehicle etc

Damage to your vehicle

Who is your preferred vehicle repairer?

Have you obtained an estimate for the repairs? Yes No Amount of estimate obtained? \$

Where is the vehicle currently?

Has John Baker Insurance Brokers 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

OTHER DRIVER — VEHICLE — PROPERTY

Details of other driver, vehicle and/or property

Owner	Driver
Address	Phone No.
Registration No:	Make
Damage to vehicle:	Model
Repair Estimate: \$	Insurance Company
	Policy No.

POLICE

Do the Police have knowledge of this incident?

If so, state name of Officer and File Number (Please attach Police Report if available)

Did the Officer attend the accident or did you report it to them? No Yes Name of any Driver asked to undergo any test for alcohol or drugs:

Have the Police issued a notice of intended prosecution or given a warning? No Yes To whom?

FURTHER PARTICULARS / OTHER DETAILS

It is important that names and addresses are obtained whether the driver considers him/herself to blame or not.

Passengers in Insured Vehicle:
(Names(s) and address(es))

PRIVACY ACT

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 John Baker Insurance Brokers and/or the Insurer as applicable;
- (d) The information is being collected and held by John Baker Insurance Brokers and/or the Insurer as applicable

- (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

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, the Insurer and/or John Baker Insurance Brokers as applicable shall be entitled to submit the dispute to arbitration.

I/We authorise and request the New Zealand Police to release to the Insurer and/or John Baker Insurance Brokers as applicable, 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 party regarding this claim.

I/We agree to John Baker Insurance Brokers and The Insurer releasing to other parties personal information regarding this claim.

I/We authorise the Insurer and/or John Baker Insurance and/or authorised agent to give or obtain from other insurers or other parties any information relating to any insurance held or claim made.

I/We authorise the insurer and/or John Baker Insurance Brokers to check against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access.

NOTE: FAILURE TO PROVIDE FULL AND CORRECT INFORMATION COULD RESULT IN YOUR CLAIM NOT BEING ACCEPTED BY THE INSURER

Insured(s) Signature

Date / /