

company):

5. Did the police attend?

24 hours prior to the accident?

7. During the past 5 years, have you:

4. Did driver consume liquor and/or drugs (including medication) within

6. Was a breathalyser, or blood test, or any other such test done?

(i) Been convicted of any offence other than parking (type and penalty):

(ii) Had any other accident, loss of claim in connection with any motor

vehicle (brief details of year/cost/insurance coy)

Pursuant to the Privacy Act 1993 the following is brought to your attention: MOTOR VEHICLE CLAIM FORM (a) This claim form collects personal information about you; This form must be completed by the driver. Please answer all (b) The information is collected to evaluate your claim; questions. If not applicable, please write N/A (c) The intended recipient of the information is: The Insurer named. (hereinafter called "The Company") and is being held by them at their Claim Number..... **Head Office** Insurance Company..... (d) The collection of this information is required pursuant to the terms of Branch your insurance policy: Policy Number: (e) The failure to provide this information may result in your claim being Due Date Excess (f) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993. 1. POLICYHOLDER **INSURED VEHICLE** Surname of Insured OR name of company MAKE: MODEL: First Names of Insured Address: TYPE: (e.g. van, car, artic, flat-top etc) YEAR: Contact Telephone Numbers (Hm) Has the vehicle been modified in any way: (Bus) Name of any other party with financial interest in the vehicle: Is the vehicle a used import : Yes \square No \square Is there any other insurance on the vehicle or accessories: Has the vehicle a current Certificate of Fitness: Yes □ No □ Yes □ No □ 2. PERSON DRIVING OR IN CHARGE OF THE INSURED VEHICLE (to be completed, even if parked) Date of Birth/...../ Full Name (Mr/Mrs/Miss/Ms): Driver Licence & Type: Telephone: □Full □Restricted □Learner Address: Home..... Number..... Bus Expiry Date Employer Occupation: Classes Your relationship to policyholder: Years Held Version No (5b)..... 1. Was the vehicle being driven with the owner's consent? No ☐ If "NO" please provide details Yes □ 2. Is he/she the main driver of the Insured vehicle? Yes □ No ☐ If "NO" please provide details 3. If not the Policyholder, do you own a vehicle? (name of insurance Yes □ No ☐ If "YES" please provide details

Yes □

Yes □

Yes □

Yes □

.....

.....

No 🗆



3. DETAILS OF OTHER PE	RSONS					
Pass	engers in your vehi	cle		Independent Witnesses		
Name			Name			
			Address			
Address						
Telephone			Telephone			
Name						
Address						
Telephone						
Driver/Owner of other vehicle or property				Driver/Owner of other vehicle or property		
Name	Name					
Address			. Address			
Telephone	Insurance	Cov			nsurance Coy	
Details of vehicle/property				Details of vehicle/property		
Registration Number				Registration Number		
4. DETAILS OF LOSS OR						
4. DETAILS OF LOSS OR	ACCIDENT (Flease	continue on a Separat	e sneet, ii neces	Saly)		
Date Time				Am / nm (delete one)		
Location (e.g. street)				Suburb/Town		
Location (e.g. street)				Suburb/Town		
Weather:	☐ Rain	□ Overcast	☐ Fog	□ Bright Sun	☐ Clear Night	
D		- Maria			-	
Road	☐ Sealed	☐ Metal	☐ Wet	□ Dry		
What speed was in force?	□ 50 km/hour	☐ 100 km/hour	□ Other			
What was your speed – prior to breaking						
Describe in detail how the a	ccident occurred:					
What in your opinion, cause	ed the accident:					
,						
5. DAMAGE TO INSURED VEHICLE (NB Do not proceed with repairs without the Company's authority)						
	`			• • • • • • • • • • • • • • • • • • • •		
Describe damage						
				Telephone Estimate \$		
If not at above, date of repair						
6. SKETCH PLAN OF ACCIDENT (Please continue on a separate sheet if necessary)						
Indicate street names; direction of vehicles. Your vehicle				Other vehicle		
DECLARATION						
<u> </u>						
Niste Estimate and di	l		14 ! 41	the design of a discount		
Note : Failure to provid	ie tuli and trutniui	information could r	esuit in the Cia	aim being declined.		
We authorise the disclosure of my/our personal information held by other parties which relate to this claim.						
We agree to The Company disclosing my/our personal information regarding this claim to:						
a) Other members of the Insurance Industry; and						
b) Parties who have a financial interest in the subject matter of the claim.						
All the information and answers given on this claim are correct. We authorise The Company to act on my/our behalf.						
And the information and answers given on this daim are correct. We authorise the company to act of my/our behalf.						
Policyholder's signature						
				L	Jale	
(if a company, state capacity) Drivers signature				_	No. 1	
שרוועers signature				L	vate	