

This form must be completed in full. If a question does not apply, please write "n/a"
IMPORTANT NOTE: Any Police Offence notice must accompany this claim form

THE INSURED/REGISTERED OWNER

Full Name of the Insured Client Number
 Private Address Private Telephone
 Cell Phone
 Occupation Business Telephone
 Drivers Licence Type: Learner: Restricted: Full: International:
 Which Country?
 Licence Class: Date of Issue: Expiry Date:

YOUR VEHICLE - DETAILS

Make & Model of Vehicle: Year of Vehicle: Registration Number:
 At the time of the accident, for what purpose was the Vehicle being used? Private: Work/Business: Other:
 Is the Vehicle in any way under Mortgage, Bill of Sale or Hire Purchase Agreement? Yes: No:
 If so, please give particulars:
 Modifications since Manufacture:
 Was the Vehicle in an undamaged and safe condition prior to the incident: Yes: No:

 Warrant of fitness current to: Issued by:

YOUR VEHICLE - DRIVER DETAILS

Name: Age: Address:
 Contact Phone Number: Date of Birth:
 Occupation:
 If the Driver is **NOT** the Insured:
 a) Relationship to the Insured: b) Was the Vehicle used with the Insured's authority? Yes: No:
 c) Does the Driver personally own a private car? Yes: No:
 Make & Model of Vehicle: Insured by:
 Drivers Licence Type: Learner: Restricted: Full: International:
 Licence Class: Date of Issue: Expiry Date: Drivers Licence Number:

DRIVER HISTORY (Both the driver's and the insured's details are required)

	Yes	No	Who
1. Have the Insured or Vehicle Driver ever had an insurance policy or renewal cancelled, declined or refused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2. Has any Insurer ever demanded an increase in premium or excess from the Insured or the Driver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3. Does the Insured or Vehicle Driver suffer from any physical defect, infirmity or disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4. Have the Insured or Vehicle Driver ever been involved in a motor vehicle accident or made a claim?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5. Have the Insured or Vehicle Driver ever been issued with a summons or convicted for any traffic or criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6. Have the Insured or Vehicle Driver ever had a driver licence suspended or cancelled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

If you have answered Yes to any of the above questions, please give details:

YOUR VEHICLE - USAGE

Please provide full details of the purpose of your journey including details of your point and time of departure and your destination.

YOUR VEHICLE - PASSENGER DETAILS

Name	Age	Licence Type	Phone

INCIDENT DETAILS - DRIVER INFORMATION

Within 12 hours before the incident had the driver:

a) Consumed intoxicating liquor? Yes: No: If Yes then type and how much:

b) Taken any drugs? Yes: No: Specify:

Did the Police or Traffic Officers attend? Yes: No: Name of Officer:

Was an offence notice issued? Yes: No: Which Office:

Is anyone to be prosecuted as a result? Yes: No: Who? (Names):

State the nature of the charge: (and attach a copy)

Police Event reference number:

INCIDENT DETAILS - DESCRIPTION

Time: am/pm Date: Day of Week:

Location (Street/s and Town) of incident:



Speed of Your Vehicle immediately prior to mishap: Road Condition:

How did the incident occur?

Have you made an admission of liability? Yes: No:

Please draw a plan of the roadway where the incident occurred (use a separate sheet if necessary)

Directions

- Name the streets
- Show your vehicle... 
- Show other vehicle... 
- Indicate and lane markings
And/or traffic signs.

NORTH
↑

Witness Details

Name: <input type="text"/>	Address: <input type="text"/>	Phone: <input type="text"/>
Name: <input type="text"/>	Address: <input type="text"/>	Phone: <input type="text"/>
Name: <input type="text"/>	Address: <input type="text"/>	Phone: <input type="text"/>

INCIDENT DETAILS - DAMAGE TO YOUR VEHICLE

What damage did Your Vehicle sustain?

Was the Vehicle towed from the scene? Yes: No: If so, by whom?

Where is the Vehicle Currently located?

Have you obtained an estimate for repairs? Yes: No: If so please send the estimate(s) to us with this claim form.

Please note. You are not to authorise repair of the Insured Vehicle until the damage has been inspected and the estimated loss has been approved by Inbroke or it's Underwriter and/or their Assessors.

INCIDENT DETAILS - THIRD PARTY DRIVER

Name and address of the Owner of the other Vehicle:

Phone Numbers:

Name and address of the Driver of the other Vehicle:

Phone Numbers:

Did the other Driver a) Make an admission of liability? Yes: No:

b) Hold you responsible? Yes: No:

INCIDENT DETAILS - THIRD PARTY VEHICLE

Make and Model of the other Vehicle:

Registration number of the other Vehicle:

Damage to the other Vehicle:

Damage to any other property:

Name and Branch of the Company with which the other Vehicle is Insured:

OTHER INFORMATION

Please use this section to provide any other information that could be relevant to this claim.

STATUTORY DECLARATION

I/We hereby declare the forgoing particulars to be true and correct and I/We undertake to provide any information requested and to render Inbroke, their Underwriters or anyone appointed by them every assistance within My/Our power in dealing with the matter and I/We hereby authorise Inbroke, their Underwriters or anyone appointed by them to obtain details of endorsements and any convictions pertaining to any Driving Licence issued to Myself/Ourselves.

I/We intend to claim indemnity under My/Our Insurance Certificate in respect of this incident.

I/We agree that any instructions given by Inbroke, their Underwriters or anyone appointed by them for the repair or removal/disposal of the Vehicle will be taken as being on My/Our behalf.

I/We understand that the information provided on this claim form and any supporting documents are subject to the Contract of Insurance as detailed in the Insurance Schedule and Policy Wording.

Date:

Signature of the Insured:

Signature of the Driver:

Central Register of Driver Licences
Land Transport Safety Authority
PO Box 11-349
WELLINGTON

Fax (06)3502347

Dear Sir/Madam,

PRIVACY ACT 1993: REQUEST FOR PERSONAL INFORMATION

I authorise Inbroke Corporation Limited to obtain from the Land Transport Safety Authority the following information about me:

My Driver history record as it relates to traffic offences.

My full name is: _____ Date of Birth: _____

Current Address: _____

Driver Licence Number: _____ Vehicle registration: _____

This is a; Learner: Restricted: Full: Licence.

The information is to be sent to:

INBROKE CORPORATION LIMITED
PO Box 4513
Auckland
Attention: Claims Department

I understand that Inbroke Corporation Limited will use the information provided to verify details I supplied in support of my insurance claim.

Signed: _____ Date: _____

Land Transport Safety Authority use only:

No Convictions Recorded

Please find Attached

Signed: _____ Date: _____