

Commercial Motor Vehicle Accident Claim Form

– Uninsured Parties



Note: Please answer all questions – “dashes” are not sufficient and may cause delay.

The making of a false representation with a view of obtaining benefit under an insurance policy constitutes an offence under the Crimes Act 1961.

If known, please show our client's policy number

1. Our policyholder (against whom you wish to claim)

Full name						
Address						
Telephone	Home		Business		Mobile	
Email	Home		Business			
Occupation						

2. Person driving or in charge of our policyholder's vehicle (if not as in 1.)

Full name						
Address						
Telephone	Home		Business		Mobile	
Occupation						

3. Our policyholder's vehicle

Make/model					
Registered number		Approximate year of manufacture			

4. Your details (owner of vehicle)

Full name						
Address						
Telephone	Home		Business		Mobile	
Date of birth	/ /					
Occupation						

5. Details of driver of your vehicle (if not you)

Full name						
Address						
Telephone	Home		Business		Mobile	
Date of birth	/ /		Relationship to owner of vehicle			
Occupation						

6. Details of driver's licence

(a) Licence number					
(b) Type of licence	Full / Learners / Restricted				
(c) For what classes of driving is it valid?		Issued by		Expiry date	/ /

7. Your vehicle

(a) Warrant of Fitness number		Issued by		Expiry date	/ /
Vehicle registration number		Make/model		CC rating	
Year of manufacture		Date purchased		Purchase price \$	

(b) Name and address of registered owner

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(c) Is the vehicle the subject of any hire, lease or finance agreement (including hire purchase)?..... Yes No

If Yes, please give the name, address and reference of the company:

(d) Is there any other insurance on the vehicle or its accessories?..... Yes No

If Yes, please give details below:

9. Damage to your vehicle cont....

(b) Was there any unrepaired damage or rust in the vehicle immediately prior to the accident? Yes No

If Yes, please advise details.

(c) Repairer's name and address

Telephone number

(d) Is the vehicle still in use? Yes No

If No, where is the vehicle now?

(e) Who should we contact to make any appointments to inspect the vehicle?

Name.....

Address.....

Telephone..... Business Home

10. Police

(a) (i) Was the accident reported to the police?..... Yes No

(ii) Did the police attend the scene of the accident?..... Yes No

If Yes, name/number of officer Station

(b) 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?

11. Witnesses – including all passengers travelling in your vehicle

If there were no witnesses, please write "NONE"

Name	Address and telephone number	Where was the witness at the time of accident?
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Direct crediting authority

If your claim is accepted and there are payment(s) to you, we can pay this amount direct into your bank account by direct credit. If you would like us to make this direct credit, please complete details below. You will be advised if a payment has been made following acceptance of your claim.

Do you wish to use this facility? Yes No Name of Account

I/We authorise the payment to be made into this bank account. (Please attach a deposit slip)

Bank Branch Account Number Suffix

13. Declaration / Privacy Act 1993 / Insurance Claims Register

My above named vehicle is uninsured / insured for third party only (delete as applicable).

I/We understand that provision of this form by Vero Insurance New Zealand Limited and completion of this form does not constitute any admission of liability by Vero Insurance New Zealand Limited either under the policyholder's insurance policy or otherwise.

I/We

(a) agree to give any further information that may be required;

(b) understand you require this personal information, which will be retained by you at 48 Shortland Street, Auckland before you can evaluate my/our claim;

(c) authorise the disclosure of this personal information regarding this claim to other parties;

(d) authorise the obtaining by you from any other party personal information about me/us that is in your view relevant to this claim;

(e) authorise the obtaining by you from Insurance Claims Register Limited (ICR Ltd), which holds details of claims made by me/us under policies with other insurers, personal information about me/us that is in your view relevant to this claim;

(f) 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;

(g) understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by you and ICR Ltd.

I/We

of

declare that the information provided in this form is true and correct.