

**Insured details**

<b>The Insured:</b>	<b>Claim no. (if known):</b>
<b>Policy no:</b>	<b>Expiry date:</b> /     /
<b>Postal address:</b>	
<b>Telephone no: (h)</b>	<b>(w)</b> <b>Occupation:</b>
<b>Name of any other party with financial interest in the vehicle:</b>	<b>Branch:</b>

**Vehicle details** Details of insured vehicle

<b>Make:</b>	<b>Model:</b>	<b>Vin no:</b>	<b>Year:</b>
<b>Registration no:</b>	<b>Type e.g. van, car, ute:</b>	<b>Country first registered:</b>	

**Driver details** Essential details of insured driver or person in charge of insured vehicle at the time of accident or loss

Given names: Mr/Mrs/Miss/Ms		Surname:	
Date of birth:     /     /	Relationship to insured:		Occupation:
Home address:			
How long have you held a New Zealand licence to drive this class of vehicle?    Years:		Months:	
Type:    Learner <input type="checkbox"/> Restricted <input type="checkbox"/> Full <input type="checkbox"/> Licence No:			
Classes covered:		Issuing authority:	Expiry date:     /     /
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):			
Detail all motor vehicle accidents or motor claims (other than windscreen breakage) and traffic offences (other than parking) that you have been involved in during the last five years (if none state nil):			
<b>Approx date</b>	<b>Details</b>		

**Other driver/vehicle/property** Details of other driver, vehicle and/or property

Other damaged property owned by:	Other vehicle(s) registration no:
Address (home):	Address (business):
Their insurance company:	Branch:
Describe damage to other vehicle(s) or property:	
Estimated cost of repairs to other party's property (if known): \$	
Other driver(s) name:	
Address(es):	
Passengers in insured vehicle name(s) and address(es):	
Name any driver asked to undergo any test for alcohol or drugs:	
For what purpose was the insured vehicle being used?	

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

Independent witnesses' names and addresses:
Do the police have knowledge of this incident?    Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>Yes</b> , please give name of officer and address of police station:
Did the officer attend the accident or did you report it to them?

**Details of accident or loss**

Location (street):	Suburb/town:
Date:     /     /	Time:     am/pm     Day of week:
Speed (kmph) prior to braking :	Approximate speed (kmph) on impact:

Describe in detail how the accident occurred (continue on another sheet of paper if necessary):

**Road surface:**       Sealed                       Unsealed                       Dry                       Wet  
**Weather conditions:**     Fine                       Raining                       Strong winds                       Overcast                       Fog

Were your headlights switched on and functioning?                      Yes  No     If **Yes**, were they on dip or high beam?

Was any warning (horn signals etc) given by any person?                      Yes  No     If **Yes**, by whom?

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

### Details of damaged vehicle

Full details of damage or loss to insured vehicle (continue on another sheet of paper if necessary):

Where can the insured vehicle be inspected?



Have you sent it to be repaired?                      Yes  No     If **Yes**, where:                      Phone:

Have you obtained an estimate for repairs?    Yes  No     If **Yes**, from:                      Estimate \$

Has Claims Management Services been contacted regarding the loss and/or has been given the opportunity of appointing an independent assessor or loss adjuster (if required)?                      Yes  No

### Sketch plan of accident (not required for Theft or Fire claims) (continue on another sheet of paper if necessary):

Indicate:

- 1 Layout of the roads and road names
- 2 Road signs and markings
- 3 Position of vehicles at impact
- 4 Path vehicles travelled
- 5 Identify your vehicle 
- Other vehicle  Reg no. >

**It is essential that this form be returned promptly to Echelon New Zealand.**

### Pursuant to the Privacy Act 1993

The following is brought to your attention:

- (a) This claim form collects personal information about you;
- (b) The collection of this information is required pursuant to the terms of your insurance policy;
- (c) The information is collected to evaluate your claim;
- (d) The failure to provide this information may result in your claim being declined;
- (e) The intended recipient of the information is Lumley General Insurance (N.Z.) Limited ('Lumley');
- (f) Lumley may pass your personal information on to Insurance Claims Register Limited ('ICR') for inclusion in the Insurance Claims Register, for general claims and underwriting purposes;
- (g) You acknowledge that any ICR participant may access this personal information by way of enquiry to the ICR.
- (h) You have the right of access to and correction of this information in accordance with 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, Jardine Lloyd Thompson Limited and Lumley General Insurance (N.Z.) Limited shall be entitled to submit the dispute to arbitration.

I/We authorise and request the New Zealand Police to release to Jardine Lloyd Thompson Limited and Lumley General Insurance (N.Z.) Limited 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 other party regarding this claim.

I/We agree to Jardine Lloyd Thompson Limited and Lumley General Insurance (N.Z.) Limited releasing to other parties personal information regarding this claim.

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

**Note: failure to provide full and correct information could result in your claim being declined.**

Insureds signature (if company state position):                      Date:    /    /

Drivers signature (if applicable):                      Date:    /    /

**Please return all forms to Echelon New Zealand.**

