

Motor Vehicle

Claim form

Please complete in FULL all sections of this Claim Form and return it to Zurich as soon as possible after the accident. Unless specifically arranged beforehand. No repairs or alterations to the damaged vehicle should be made until approved by Zurich.

Brokers please note: You can monitor the progress of a claim via Open Door 24 Hours a Day, 7 days a week.

Fair Insurance Code

Zurich New Zealand is a member of the Insurance Council of New Zealand (ICNZ), an industry organisation which represents fire and general insurers in New Zealand. As an ICNZ member, we are committed to following the ICNZ Fair Insurance Code. Additional information is available on the Insurance Council of New Zealand Website www.icnz.org.nz



Important information

- Do not admit liability – Ask for any claim to be put in writing and refer all correspondence to ZURICH NEW ZEALAND.
- Make sure you give us all the details about your claim. Attach a separate sheet if you have insufficient space on this form.
- Send all quotations you have received to repair your vehicle and/or any quotations or correspondence you may have received from any other party in relation to this accident.

Policy number: _____

Client reference number: _____

Division & Cost Centre: _____

1. Insured

Name of insured _____

Address _____

Postcode _____

Phone number _____

Occupation _____

Are you the sole owner of the insured vehicle? Yes No

If 'No', name of other interested parties _____

Advise the date vehicle was purchased by you/your company? / /

Is the vehicle leased? Yes No Name of leasing company _____

2. Insured vehicle

Make and Model _____

Year _____

Colour _____

Registration number _____

Engine number _____

Chassis or VIN number _____

Certificate of fitness expiry _____

CLASS OF VEHICLE

Sedan

Four Wheel Drive

Heavy Plant

Rigid Vehicle over 2T and up to 5T

Van or Utility up to 2T

Bus or Coach

Articulated Prime Mover

Rigid Vehicle over 5T and up to 10T

Semi Trailer

Light Plant

Rigid Vehicle over 10T

Other

Vehicle owner _____

State any non-standard accessories/modifications to vehicle? _____

What was the intended operating radius of the journey? _____

State time and place journey commenced and intended destination _____

3. Driver

For Parked or Unattended vehicles, Driver or Vehicle Custodian at the time of loss.

Surname _____ Given name(s) _____

Address _____ Postcode _____

Phone number _____ Date of birth / / Age _____ Sex: Male Female

Licence type (learner/restricted/full) _____

Licence number _____ Years licence held _____

Licence class (vehicle type) _____

Licence endorsements _____

Name of registered owner of the vehicle _____

Are you an employee? Yes No If 'No', state relationship _____

Have you had any traffic convictions and/or traffic offences or been involved in any motor vehicle accidents in the past five (5) years?
Yes No If 'Yes', please give details

How many hours have you spent driving in the 48 hours immediately preceding the accident? _____

Did you consume any alcohol or take any drugs during the 12 hours prior to the accident? Yes No
If 'Yes', state what, how much and when _____

Did you undergo a breath test or blood test for alcohol or drugs? Yes No
If 'Yes', what was the result _____

Did you refuse to undergo any of the above tests? Yes No

4. Damage to insured vehicle

Was your vehicle damaged? Yes No If tyres damaged, approximate mileage of tyres _____

Was your vehicle towed away? Yes No If 'Yes', name of company _____

Have you obtained a repair quote? Yes No Lowest quote \$ _____ (Attach all quotes)

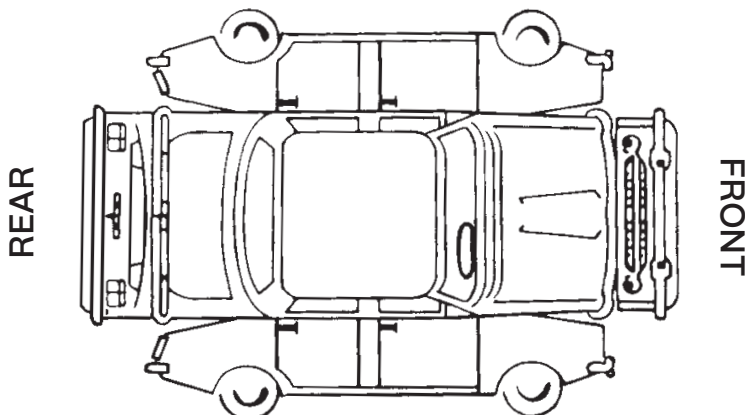
Who is your preferred repairer? _____

Is the vehicle there? Yes No If 'No', where is the vehicle located? (Full address) _____

Full address _____ Postcode _____

Phone number _____

Show the damaged areas to your vehicle on the following diagram



NO REPAIRS OR ALTERATIONS TO THE DAMAGED VEHICLE SHOULD BE MADE UNTIL APPROVED BY ZURICH NEW ZEALAND.

5. Accident details

Date / / Time AM PM Vehicle Use: Business Private

Day of the Week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

LOCATION: Street Suburb Postcode

How did the incident or theft happen?

Please draw a plan of the accident. Show the nearest cross street; street names; centre of the roadway; direction and location of vehicles. It is important to detail all road signs and marking and width of road.

Indicate your own vehicle as **A**  Indicate any other vehicles as **B** 

Who do you consider was at fault? Myself Other Driver Other _____

Why? _____

Estimated speed of your vehicle 30 metres prior to accident? KPH _____

Estimated speed of your vehicle at impact? KPH _____

Estimated speed of the other vehicle just before the accident? KPH _____

What lights if any were being used by you? _____

What lights if any were being used by the other party? _____

What signals were given by you? _____

What signals were given by the other party? _____

How far from the point of collision were you when you first saw the other party? _____

How far from the point of collision was the other party when first seen by you? _____

State of road/road surface: Smooth Rough Wet Dry Uphill Downhill Flat

How was visibility? Good Moderate Poor

Were there any witnesses to the accident? Yes No If 'Yes', please provide names and addresses

6. Police questions

Did police attend the accident? Yes No Police report number _____

If 'Yes', Police Station _____ Name or number of Police officer _____

If 'No', state time and date reported to Police _____

Did the police indicate who was responsible Yes No If 'Yes', name of driver _____

Did police charge wither driver or suggest action may be taken later? Yes No Charge _____

7. Damage to other vehicles or property

	Vehicle / Property No. 1	Vehicle / Property No. 2
Name of other driver		
Address		
Age		
Phone number		
Licence number		
Vehicle Make & Model		
Registration number		
Name of registered owner		
Address		
Phone number		
The other insurance company		
Policy number		
Description of damage		

8. Privacy and Declaration

Pursuant to the PRIVACY ACT 2020 the following is brought to your attention:

- This claim form collects personal information about you.
- The information is collected to evaluate your claim.
- The intended recipient of the information is Zurich New Zealand.
- The information is being collected and held by Zurich New Zealand, P.O. Box 497, Shortland Street, Auckland 1140.
- The collection of this information is required pursuant to the terms of your insurance policy.
- The failure to provide this information may result in you claim being declined.
- You have the rights of access to, and correction of, this information subject to the provisions of the Privacy Act 2020.
- See [Zurich's New Zealand Privacy Policy](#), for more information about how Zurich collects, uses, discloses and otherwise handles your personal information.

Note: Failure to provide full and truthful information could result in the claim being declined

- I/We declare that the information given in this form is correct.
- I/We authorise and request the New Zealand Police to release to Zurich New Zealand copies of any documents held by the New Zealand Police relating to the incident giving rise to this claim. If necessary, 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 Zurich New Zealand releasing to other parties personal information regarding this claim.
- I/We authorise the insurer or its authorised agent to give or obtain from the other insurers or other parties any information relating to any insurance held or claim made.
- I/We solemnly declare that the information given & contained in this document is true & correct by virtue of the Oaths & Declarations Act, 1957.
- I/We acknowledge that if any information given is incorrect or has been concealed it may result in the claim being declined.
- Whilst the claim is under consideration I/We consent to the vehicle being moved to Zurich's preferred salvage provider for safe keeping. If indemnity is not provided, these costs will be borne by the Insured.
- If I am a broker and I am completing this form, I confirm that I have been appointed as an agent of the driver, insured, or owner to complete and submit this form on behalf of that driver, insured or owner and have notified the driver, insured or owner that their personal information will be disclosed to Zurich New Zealand and provided them with a link to [Zurich's Privacy Policy - Zurich New Zealand](#)

Name of person submitting this claim as or on behalf of the insured (Please print).

Date / /

Zurich New Zealand does not admit liability by the issue of this Claim Form. This form is issued simply to enable the insured to lodge a written statement of claim.