

Motor Vehicle Claim Form

This form collects personal information about you so that the insurer can evaluate your claim. Failure to provide this information may result in your claim being declined. The collection of this information is required as part of the terms of your insurance policy. It will be held by, PSC Connect NZ Ltd and the insurer who received your claim. You have the rights of access to and correction of this information subject to the provisions of the Privacy Act 2020. Visit www.pscconnect.co.nz to view our full Privacy Policy.

Insured or Company Details				
Insured Name or Company				
Contact person				
Phone number(s)				
Email				
Street Address				
Town / City			Postcode	
Does any other party have a financial interest in this vehicle	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is there other insurance on this vehicle or its accessories	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes provide details				

Insured Vehicle				
Make		Year		
Model		Licence plate		
WoF / CoF expiry		Registration expiry		
Has the vehicle been modified in any way	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes provide details				

Details of Driver or Person in Charge

Full Name											
Date of Birth											
Address											
Town / City									Postcode		
Phone number(s)											
Email						Occupation					
Driver licence no.						Licence version no.					
Type of licence	<input type="checkbox"/>	Full	<input type="checkbox"/>	Restricted	<input type="checkbox"/>	Learners					
Country of issue						Date of issue					
Expiry date						Years held					
Drivers relationship to Policy Holder											
If not the Policy Holder, do you have your own motor vehicle insurance	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No							
Provide details											
Was the vehicle being driven with the owners consent	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No							
Provide details											

In the past five (5) years has the driver

Had any losses / incidents involving damage or theft of a vehicle (excluding glass)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Been disqualified from driving or had licence suspended or cancelled:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Been convicted of any offence other than parking	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Has the driver had any insurance refused, cancelled, special terms imposed or had a claim declined in the last five (5) years	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes provide details				

Details of the Incident

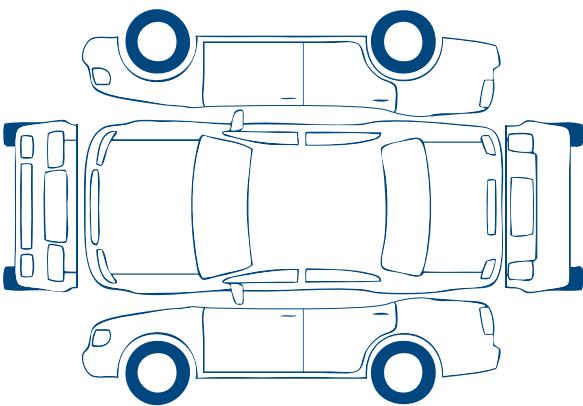
Date of Incident				Time			am			pm
Address of Incident										
Town / City								Postcode		
What purpose was the vehicle being used for										

Conditions

What were the weather conditions at the time		Bright Sun		Overcast		Clear Night		Fog
		Stormy		Windy		Rain		Hail
What speed were you travelling at prior to the incident								KPH
What speed were you travelling at impact								KPH
What speed do you estimate the third party was travelling prior to the incident								KPH
What speed limit was in force								KPH
What were the road conditions at the time		Sealed		Metal		Wet		
		Dry		Ice				

Explain what happened and provide details of the incident including a sketch if appropriate

Please describe damage to your vehicle and show on diagram



Was the incident your fault	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Provide reason				
Did the other party admit fault	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Provide details				
Do you consider the other party was at fault	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Provide details				
Did the driver consume liquor or alcohol and/or drugs (including medication) within 24 hours prior to the incident	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Provide details				
Did the Police attend the incident	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Was the driver required to provide the Police with a breath and/or blood sample	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you been advised of the result of that test(s):	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Provide details				
Was anybody hurt or injured in the incident	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Provide details				
Provide the contact details of independent witnesses				
Where is your vehicle now				
Name of repairer				
Address and phone no.				
Estimated cost of repairs				

Other vehicle or property damaged

Name of Driver / Owner of the other vehicle or property			
Address			
Town / City		Postcode	
Contact number(s)			
Details of their vehicle / property			
Registration number			
Their insurance company details			
Any other details			

Declaration must be signed by the Policy Holder

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

I/We declare that to the best of my knowledge the details provided in this claim form are true.

I/We agree to PSC Connect NZ Limited and the Insurance Company (and/or their agent) with whom I am insured may disclose my/our personal information regarding this claim to:

- a. Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICR Ltd) PO Box 474, Wellington where it will be retained and made available to other insurance companies to inspect.
- b. Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.
- c. I/We understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by PSC Connect NZ Limited and the Insurer and ICR Ltd.
- d. I/We understand that my/our personal information may be provided to overseas third party service providers and/or Insurers who may use this information either on our behalf or otherwise to process and evaluate the claim.

I/We agree to PSC Connect NZ Limited and the Insurer obtaining personal information about me/us that is, in their view, relevant to this claim.

From any other party including other members of the Insurance Industry and from Insurance Claims Register Ltd (ICR) which holds details of claims made by me/us under policies with other insurers.

All information and answers (whether written or oral) given to PSC Connect NZ Limited and the Insurance Company in connection with this claim are correct and that no information relevant to the claim has been omitted. I/We authorise PSC Connect NZ Limited and the Insurance Company to act on my/our behalf.

Policy Holder Name		Policy Holder Signature	
Position		Date	
Drivers Signature		Date	