

general motor vehicle claim form

(Applicable for all vehicles under 3500kgs including mobile plant)



Lumley General Insurance (N.Z.) Limited, Head Office, Lumley House, 7 City Road, PO Box 2426, Auckland, New Zealand, Tel 09 308 1100, Fax 09 308 1112, A/hours 0800 801 210

Insured details Full details of Insured/Owner

Insured(s) full name:	
Policy No:	Expiry date: / /
Postal address:	Suburb/town:
Occupation (of individual or company):	
Contact name:	Position:
Telephone No: (h) (w) (mob)	
Email address:	Fax No:

Vehicle details Full details of insured vehicle

Year:	Make:	Model:	Reg No:
Is the insured vehicle modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details:			
Is the insured vehicle fitted with any 'non-factory' equipment valued over \$1,500 (eg. audio system, mag wheels, security devices etc)?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details:			
Is the insured vehicle the subject of any hire, lease or finance agreement?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details – Interested party:			
Branch:		Postal address:	

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

Full name:	Date of birth: / /	
Home address:	Suburb/town:	
New Zealand licence: Yes <input type="checkbox"/> No <input type="checkbox"/>	Type: Learner <input type="checkbox"/> Restricted <input type="checkbox"/> Full <input type="checkbox"/>	
Licence No:	Classes covered:	Expiry date: / /
Relationship to insured		
<input type="checkbox"/> Insured/Owner/Director	<input type="checkbox"/> Employee (full-time/part-time)	<input type="checkbox"/> Relative (specify) _____
<input type="checkbox"/> Employed by agency	<input type="checkbox"/> Relief/Casual driver	<input type="checkbox"/> Other (specify) _____
For what purpose was the insured vehicle being used? <input type="checkbox"/> Business <input type="checkbox"/> Private		
Was the insured vehicle used with the knowledge of Insured?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, please give details:		
Had you taken any intoxicating liquor and/or drugs (prescribed or otherwise) within the 12 hours prior to the accident?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give full details:		

Driver details continued

Have you ever been convicted of any traffic or criminal offences (other than parking) within the last five years? Yes No If **Yes**, please give full details:

Approx. date:	Offence:	Court action:
/ /		
/ /		

Have you had any motor accidents or claims including theft (other than windscreen breakage) within the last five years? Yes No If **Yes**, please give full details:

Approx. date:	Details:
/ /	
/ /	
/ /	

Accident/Loss details

Location (street): _____ Suburb/town: _____

Date: / / Time: am/pm Day of week: _____

Speed (kmph) prior to braking : _____ Approximate speed (kmph) on impact: _____

Road surface:

Sealed Unsealed Dry Wet

Weather conditions:

Fine Raining Strong winds Overcast Fog

Vehicle activity:

Collided with obstruction Turning vs same direction Reversing Head on Hit animal
 Rear end Damaged whilst parked Lost control / left road Cornering Tipping
 Overtaking / lane change Right turn against traffic Other (please specify) _____

Was any warning (horn signals etc) given by any person? Yes No If **Yes**, please give details:

Were your headlights switched on and functioning? Yes No

Do you consider the other driver was responsible for the accident? Yes No If **Yes**, please give reasons:

Describe in detail how the accident occurred:

Details of damage or loss to insured vehicle (indicate where insured vehicle is damaged):

Frontal Bonnet Multiple sides Rear Driver's side
 Windscreen/windowglass Roof Passenger's side No damage
 Other (please specify) _____

Where can the insured vehicle be inspected?

Have you sent it to be repaired? Yes No

If **Yes**, please give name of repairer: _____ Contact phone: _____

Have you obtained an estimate for repairs? Yes No

If **Yes**, please advise amount of estimate: _____ Estimate \$ _____

Has Lumley Insurance been contacted regarding the loss and/or have we been given the opportunity of appointing an independent assessor or loss adjuster (if required)? Yes No If **Yes**, please give details:

Sketch plan of accident

Indicate:

- Layout of road
- Position of vehicles on impact
- Road signs & markings
- Path vehicles travelled
- Identify your vehicle

Other property Full details of damage to other driver vehicle or property

Property or Vehicle owned by:		
Vehicle make:	Model:	Reg No.:
Driver's full name:		
Contact address:		Suburb/town:
Contact telephone No:	(h)	(w)
Their insurance company:		Branch:
Describe damage to other vehicle(s) or property:		
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Estimated cost of repairs to other party's property (if known): \$		
If more than one other vehicle involved in accident, please give details:		
Other driver's full name:		
Contact address:		Suburb/town:
Contact telephone No:	(h)	(w)
Vehicle make:	Model:	Reg No.:

Police report

Do the Police have knowledge of this incident?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes , please give details:
Name of officer:	Number:
Address of station:	
Did the Police attend the scene of the accident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did any driver undergo any test for alcohol or drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes , please give details:
Name:	Address:
Name:	Address:
Have the Police issued a Notice of Intended Prosecution, or given any verbal warning?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , to whom and for what alleged offence?	
Name:	Offence:
Name:	Offence:

Further required particulars

Were there any passengers in insured vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name:	Address:	Telephone No:

Witnesses

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

Name:	Address:	Telephone No:

Pursuant to the PRIVACY ACT 1993

The following is brought to your attention:

- (a) This claim form collects personal information about you;
- (b) The information is collected to evaluate your claim;
- (c) The intended recipient of the information is the Lumley General Insurance (N.Z.) Limited;
- (d) The information is being collected and held by the Lumley General Insurance (N.Z.) Limited, PO Box 2426, Auckland;
- (e) The collection of this information is required pursuant to the terms of your insurance policy;
- (f) The failure to provide this information may result in your claim being declined;
- (g) You have rights of access to, and correction of, this information subject to the provisions of 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, 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 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 the 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 not being accepted by Lumley General Insurance (N.Z.) Limited.

Insured's signature:	Date: / /
(if company, state position):	
Driver's signature:	Date: / /