



SPECIALISED  
INSURANCE

CHURCH AND CHURCH MISSIONS

## Motor Vehicle Claim Form

Name of Insured:

Policy Number:  Expiry Date:

Postal Address:

Post Code:

Contact Name:

Phone:  Mobile:

Email:

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### Vehicle Details

Registration number:  Year:

Make:  Model:

Odometer reading:  Registration expiry date:

Date vehicle purchased:  Original purchase price:

Any interested party/finance party:

Type of vehicle: ☐ Car ☐ Ute ☐ Van ☐ Trailer ☐ Caravan ☐ Bus ☐ Truck

Has the car been modified? ☐ Yes ☐ No

If yes, please provide details:

Was there any unrepaired damage to the vehicle prior to the incident? ☐ Yes ☐ No

If yes, please provide details:

**Details of the driver at the time of the accident**Full name: Date of birth: 

Home Address:

Post Code: Phone:  Mobile: Email: Does the driver hold a New Zealand driver's licence? ☐ Yes ☐ NoLicence number: Licence type: ☐ Learner ☐ Restricted ☐ FullDate of issue:  Expiry date: 

If the driver at the time of the accident is not the policy holder, please confirm the relationship to the insured:

Has the driver ever had a policy cancelled or declined, or an excess imposed or increased? ☐ Yes ☐ No

If yes, please provide details:

Has the driver ever been convicted of an offence in connection to a motor vehicle? ☐ Yes ☐ No

If yes, please provide details:

Has the driver ever had their licence suspended or cancelled? ☐ Yes ☐ No

If yes, please provide details:

Had the driver taken any intoxicating liquor and/or drugs (prescribed or otherwise) during the last 12 hours?

☐ Yes ☐ No

If yes, please provide details:

Has the driver ever made a motor vehicle claim in the last five years (other than windshield)? ☐ Yes ☐ No

If yes, please provide details:

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### Accident/Loss Information

Day of accident/loss:

Date of accident/loss:

Time of loss:

☐ AM ☐ PM

Location of accident:

What were the road conditions at the time of the accident?

☐ Sealed ☐ Unsealed ☐ Wet ☐ Dry

What were the weather conditions at the time of the accident?

☐ Fine ☐ Overcast ☐ Raining ☐ Storm ☐ Hail

At the time of the accident, what was the approximate speed of **your** vehicle before impact?

km/h

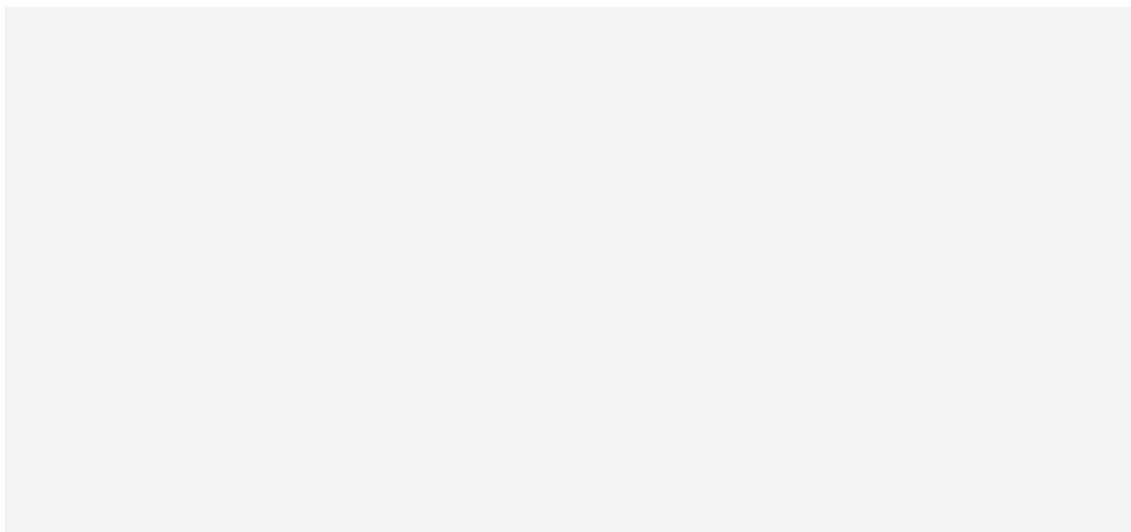
At the time of the accident, what was the approximate speed of the **other vehicle** before impact?

km/h

Did any driver confirm liability? ☐ Yes ☐ No

If yes, which driver? ☐ Your driver ☐ Third party driver

How did the collision/accident occur? Please describe in detail how the incident happened, including events leading up to the incident:



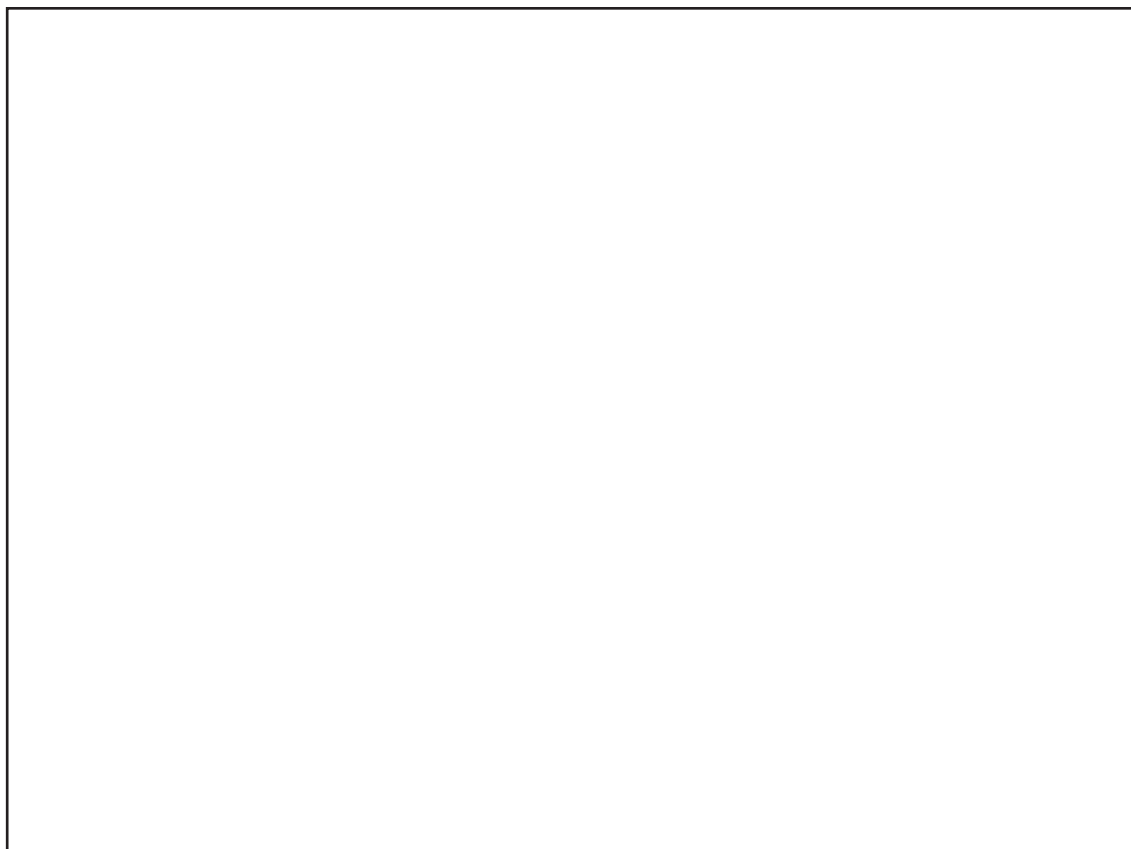
**Note:** It is important all the information given is accurate and correct. Do not hide any information, facts or circumstances that may not be in your favour.

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**Sketch of Accident** (Not required for a theft or fire claim)

Items that need to be included in the sketch are:

- layout of road
- position of vehicles at impact
- road signs and markings
- shape of street
- direction vehicles were travelling



## Damage to Insured (Your) Vehicle

Please describe in detail the damage caused to your vehicle directly from the collision:

Is your vehicle driveable? ☐ Yes ☐ No

Was your vehicle towed from the accident? ☐ Yes ☐ No

If yes, please provide details:

Contact Name:

Address:

Post Code:

Phone:

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## Damage to Third Party (Other) Vehicle

Registration number:  Year:

Make:  Model:

Driver's full name:

Phone:  Mobile:

Address:

Post Code:

Insurance company:

Policy number (if known):

Please describe in detail the damage caused to the third party vehicle or property directly from the collision:

## Witnesses

Were there any witnesses at the event? ☐ Yes ☐ No

If yes, please provide details:

Name	Address	Contact Details

## Police Report (Please attach police report to this claim form)

Were the Police advised of the claim? ☐ Yes ☐ No

Did the Police attend the accident? ☐ Yes ☐ No

Police report number:

Police Officer's name:

Was either driver charged with an offence? ☐ Yes ☐ No

If yes, please confirm which driver, and the offence:

Your driver:

Other driver:

Was either driver asked to take a blood/breathalyser test? ☐ Yes ☐ No

If yes, please provide details:

### Declaration/Pursuant to the Privacy Act 1993

I/We declare the information given is complete, accurate and correct to the best of our knowledge.

- This claim form collects information about you.
- It authorises the disclosure of this personal information to other parties .
- The information gathered is to evaluate your claim.
- You agree to give more information that may be required to evaluate your claim.
- You agree that the claim information will be stored by Bureau Specialised Insurance Agency Limited .
- The collection of this information is required as per the terms of your insurance policy, failure to provide may result in your claim being declined.
- I/we understand we have certain rights of access and correction of this information, subject to the provisions of The Privacy Act 1993.

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Signed:

Position:

Full name:

Date:

**Note:** please attach the following to this claim form:

- Cost of quote for repairs
- Copy of Driver's Licence
- Police report
- Any photos taken