

Motor Vehicle Electronic Claims Advice



Broker use only

Step 1: Person taking the call

Date: _____ Brokerage firm: _____ Entered by: _____

Step 2: The insured

Surname: _____ First name: _____

Street address: _____

Suburb/Rural area: _____ Town/City: _____

Home phone: _____ Work phone: _____

Mobile: _____ Email: _____

Bank Account No:

Step 3: Policy details

Policy number: _____ Policy wording: _____

Name on Policy: _____

Excess applicable: \$ _____ Premiums: Paid Unpaid

Step 4: Affirmation record (mandatory if no claim form to be completed)

The following statement has been read to the Insured: Yes No

"Before I can complete your claim, we will need you to understand and agree:

- ▶ Some details of your claim will be held on the Insurance Claims Register, an external database where insurers can access claims information.
- ▶ The information you have provided about your claim will be given to NZI. NZI can give information to, or get information from, others about you or your claim.
- ▶ If you give us information about someone else, you have their authority to disclose it.
- ▶ All personal information will be collected, used, stored and disclosed in accordance with NZI's privacy policy, which is available on NZI's website.
- ▶ Please answer all questions honestly. If you don't, your claim may not be paid, and your policy could be affected.

Do you understand and agree?"

Step 5: The insured vehicle

Year: _____ Make: _____ Model: _____ Rego: _____

Is the vehicle subject to a finance arrangement of any kind? Yes No

If 'Yes', please give details: _____

Has the vehicle or engine been modified from the maker's standard specifications? Yes No

If 'Yes', please give details: _____

Is a special license endorsement (besides class 1) required to operate this vehicle? Yes No

If 'Yes', please give details: _____

Is there any other insurance on the vehicle or accessories? Yes No

If 'Yes', please give details: _____

Step 6: Details of driver or person in charge

- 1. What is the driver's date of birth? _____ Female Male
- 2. Was the driver (or person in charge when the accident happened) the person shown under Part 2? Yes No
If 'Yes', please go to Part 8; if 'No' please answer questions 3-6
- 3. Full name of driver (or person in charge): _____
Street address: _____
Suburb/Rural area: _____ Town/City: _____
Best contact ph: _____ Best time to contact: _____
- 4. Relationship to the insured: Husband Wife Son Daughter Other _____
- 5. Did the driver have the owner's permission to use the vehicle? Yes No
- 6. Does the driver have any motor vehicle insurance? Yes No
- 7. Does the insured confirm ownership? Yes No

Step 7: Driver's history

- 1. Has the driver ever been refused vehicle insurance or had a policy cancelled or not renewed? Yes No
- 2. In the past 7 years has the driver:
 - (a) Been involved in a motor vehicle accident? Yes No
 - (b) Been convicted of a driving offence or any other infringement notice? Yes No
 - (c) Been convicted of a criminal offence? Yes No
 - (d) Disqualified from driving/had licence endorsed/cancelled/suspended? Yes No

If 'Yes' was answered to any of the questions above, please provide details below:

Step 8: Driver's licence

Full name as it appears on driver's licence:

- Surname: _____ First name(s): _____
- Date of birth (field 3 on licence): _____ Licence issue date (field 4a): _____
- Licence expiry date (field 4b): _____ Full address as it appears on driver's licence (field 6):* _____
*This field is optional and may be blank on the driver's licence
- Driver's licence number (field 5a): _____ Licence version number (5b): _____
- Special Conditions? Yes No

If 'Yes', please give details (e.g. spectacles must be worn): _____



Step 9: Details of accident

- 1. Date of loss: _____ Time of loss: _____
- 2. Location of incident: _____
- 3. What was the vehicle being used for? _____
- 4. Full details of journey: _____
- 5. Description of incident: _____
If the insured vehicle was being driven when the accident happened: _____
- 6. What were the weather conditions? Rain Overcast Fog Bright sun Clear night
- 7. What were the road conditions? Sealed Metal Wet Dry Ice
- 8. What speed was the insured vehicle travelling at before braking? _____ km/hr
- 9. Did the driver consume or use any alcoholic liquor, drug or intoxicating substance in the 12 hours before the accident? Yes No
If 'Yes', please give details: _____
What: _____ How much: _____ When: _____
- 10. Was the driver required to provide the Police with a breath and/or blood sample? Yes No

Step 10: Damage to the insured vehicle

- 1. Describe the damage to the insured vehicle (include details of which side, e.g. front right):

- 2. Did the vehicle need to be towed? Yes No
Name of towing company: _____
- 3. Name of repairer: _____ Telephone: _____
- 4. Address of repairer: _____
- 5. When to be taken to repairer: _____ Repairer's estimate \$ _____

Step 11: Other vehicle or property damaged

- 1. Other vehicle owned/driven by: _____ Telephone: _____
Address: _____ Insurer and branch: _____
Other vehicle – make: _____ Model: _____ Rego: _____
Details of damage to other vehicle: _____

- 2. Details of damage to other property: _____

Owner's name and address: _____
Telephone: _____



Step 12: Liability for the accident

1. Did anyone get hurt in the accident? Yes No

If 'Yes', please advise who, their relationship to the driver and known extent of the injuries: _____

2. Who do you consider to blame? _____

3. What are your reasons? _____

4. Did anyone admit liability? Yes No

If 'Yes', who: _____

5. Did the Police attend the accident? Yes No

If 'Yes', please provide officer's name and Police reference number: _____

6. Have the Police laid or mentioned laying charges against the driver of your vehicle? Yes No

If 'Yes', do you know what the charges are likely to be? _____

Step 13: Witnesses to the accident

Were there any witnesses? Yes No

If 'Yes', please give details below:

Name: _____ Passenger: Yes No

Address: _____ Telephone: _____

Name: _____ Passenger: Yes No

Address: _____ Telephone: _____

Step 14: Any additional comments/information:



We are a member of the Insurance Council of NZ and adhere to the Fair Insurance Code. Further information on the Fair Insurance Code can be found at www.icnz.org.nz

