

MOTOR VEHICLE CLAIM FORM



McDonald Everest
Insurance Brokers Limited

Please help us to help you by:

- Completing all relevant questions in full as this can avoid the need for further enquiry and possible delay in settling your claim.
- Signing and dating page 5 of this form.

Insurance fraud is a crime – please ensure all information is correct

1. POLICYHOLDER(S) DETAILS

Policy number _____

Full name (Mr, Mrs, Miss, Ms) _____

Postal address _____

Date of birth ____/____/____

Telephone numbers: Home _____ Business _____ Mobile _____

Email: Home _____ Business _____

Occupation _____ Employer _____

2. Bank Details

If your claim is accepted and there are payment(s) to you, we can pay this amount direct into your bank account by direct credit. Please fill out the details below:

I/We authorise payment to be made into this bank account.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank		Branch			Account						Suffix			

Account name _____

3. PERSON DRIVING OR IN CHARGE OF THE VEHICLE (to be completed, even if parked)

Full name (Mr, Mrs, Miss, Ms) _____

Address _____

Telephone numbers: Home _____ Business _____ Mobile _____

Date of birth ____/____/____ Relationship to Policyholder: _____

Occupation _____

a) Are they the main driver of the Insured vehicle? YES NO

b) 1. Has the driver had any other accident, loss or claim in connection with any vehicle during the past five years? YES NO

If Yes, please give details. Include date, circumstances of accident/loss.

a) License number: _____ Type of license: Full Restricted Learners

b) Expiry Date ____/____/____ Version Number _____

c) For what classes of driving is it valid _____ Issued by _____

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2. Has the driver ever been charged or convicted of any criminal or motoring offence or received any traffic infringement notice? YES NO

If Yes, please give all details. Include offence code.

3. Has the driver's licence been cancelled, suspended or endorsed at any time? YES NO

If Yes, please give details. Include penalty points.

4. Has the driver had any condition which could affect their fitness as a driver, e.g. diabetes, epilepsy, heart conditions, physical or mental illness or disability? YES NO

If Yes, please give details below. Include daily dosage and the name of drugs.

d) Within 12 hours before the accident, had the driver

1. Consumed intoxicating liquor? YES NO If yes, state quantity_____

2. Taken any drug? YES NO If yes, state type and purpose_____

e) Since the accident has the driver

1. Undergone a breath test? YES NO If Yes, indicate result_____

2. Undergone a blood test? YES NO If yes, indicate official result_____

4. INSURED VEHICLE

a) Vehicle registration no. _____ Make/Model _____ Year of manufacture _____

b) Name and address of registered owner:

Light Vehicle (<3500kg)

Hired / Loan

Heavy Vehicle (>3500kg)

Plant # _____

c) Is the vehicle the subject of any hire, lease or finance agreement including hire purchase? YES NO

If Yes, please give name and address

d) Has the vehicle been modified in any way? YES NO

If Yes, please give details

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5. ACCIDENT DETAILS

Date: _____ Day: _____ Time: _____ AM/PM

Street: _____ Suburb _____ Town/City _____

How did the accident occur? (Please provide a precise description)

What was the condition of the road / site? _____

What speed was the Vehicle doing at time of accident: _____

Estimate speed of the other party at time of accident: _____

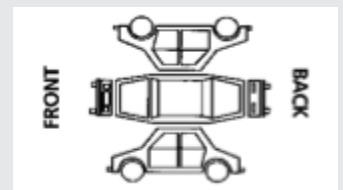
Who do you consider at fault? Yourself / Other Party. If other party state why:

Where there any witnesses? If so please provide details:

6. DAMAGE TO INSURED VEHICLE

a) Give particulars of damage and estimated cost of repairs (if known)

Indicate damaged areas below



Estimate cost of repairs \$ _____

b) Was there any unrepaired damage or rust in the vehicle immediately prior to the accident? YES/NO

If Yes, please advise where and what. _____

c) Name and address of repairer _____

Telephone number _____

d) Is the vehicle still in use? YES NO

If No, where is the vehicle now? _____

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Explanatory sketch: (please indicate the layout of road(s) and approximate measurements; names of street(s)/road(s); position of vehicles and persons involved; the direction in which vehicles were traveling; the registration marks of all vehicles, where known; any road markings, road signs, traffic lights, street lights, pedestrian crossings)

Your vehicle

Other vehicle

7. PARTICULARS OF OTHER PARTIES INVOLVED

Name of Driver: _____

Address: _____

Licence No: _____ Type of Vehicle: _____

Rego No: _____ Name of Owner: _____

Owner's Address: _____ Phone No: _____

Their insurance Company: _____ Policy Number: _____

Description of their damage:

If more than one Third Party involved, please provide details on a separate piece of paper and attach to this form.

8. POLICE

a) Was the accident reported to the police? _____

b) Did the police attend the scene of the accident? _____

If yes, name/number of officer _____ Station _____

c) Police reference number _____

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9. WITNESSES – INCLUDING ALL PASSENGERS TRAVELLING IN YOUR VEHICLE

Name & telephone number	Address	Where was the witness at the time of accident?

If there were no witnesses, please write 'NONE' _____

10. INDEMNITY REQUEST

Please deal with all claims arising from this accident on my/our behalf. I/we acknowledge that you have full discretion in conducting the defence or settlement of any claim and in prosecuting in my/our name any claim for indemnity or damages. I/We agree that, if the policy covers the cost of repairs to the Insured vehicle, you may authorize these repairs on my/our behalf by the repairer named above, or by such other repairer to who the vehicle has been submitted with my/our permission; alternatively, you may move the vehicle to safe storage.

11. DECLARATION/PRIVACY ACT 2020/ INSURANCE CLAIMS REGISTER

I/We declare that, to the best of my/our knowledge and belief, the information provided in support of this claim is true, complete, and correct.

I/We acknowledge and agree that:

- a) I/We will provide any further information reasonably required to assess, manage, or verify this claim;
- b) the personal information collected is required to evaluate and administer my/our claim and will be held and managed in accordance with your privacy policy and the Privacy Act 2020;
- c) you may use and disclose this personal information to insurers, reinsurers, loss adjusters, investigators, medical providers, legal advisers, repairers, and any other third parties where reasonably necessary for the purpose of assessing, managing, settling, or reviewing this claim;
- d) you are authorised to collect, verify, and obtain personal information about me/us from any person, organisation, database, or source that you reasonably consider relevant to this claim, including by using the information I/we have provided;
- e) you, and any third party acting on your behalf, are authorised to request and obtain information relating to any incident connected with this claim from the New Zealand Police or any other relevant authority, where you reasonably consider that information relevant to this claim;
- f) you are authorised to obtain personal information about me/us from Insurance Claims Register Limited (ICR Ltd), which holds details of insurance claims made by me/us with other insurers, where you consider this information relevant to this claim;
- g) you are authorised to disclose and lodge details of this claim with ICR Ltd (PO Box 474, Wellington), where the information may be retained and made available to other insurers for underwriting, claims management, fraud prevention, and risk assessment purposes;
- h) I/we understand that under the Privacy Act 2020, I/we have rights to request access to, and correction of, personal information held by you and by ICR Ltd, subject to applicable legal limits.
- i) By signing below, I/we acknowledge that I/we have read and understood McDonald Everest's Privacy Policy, which is available at www.mcdev.co.nz or on request. I/we authorise McDonald Everest to collect, use, and disclose my/our personal information as described in that policy, including to overseas recipients where necessary to provide services.

I/We acknowledge that the collection of this information is required under the terms of the insurance policy. Failure to provide the requested information may result in the claim being delayed, reduced, or declined.

Signature of the Policyholder(s) (If the Policy is in joint names, both signatures are required)

Date _____ / _____ / _____

Signature of the driver or the person making the claim

Date _____ / _____ / _____