

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 Insurer named below (Hereinafter called "the Company") and Emerre & Hathaway Insurance Brokers (hereinafter called E&H) and is being held by them at their offices

(d) The collection of this information is required pursuant to the terms of your insurance policy;
 (e) The failure to provide this information may result in your claim being declined;
 (f) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

Policy Number:

Insurance Company:

1. POLICY HOLDER DETAILS

Full name (company name if applicable):

Address:

Contact telephone numbers: Home

Business

Email:

Bank account details:

2. INSURED VEHICLE

Year:	Make:	Model:	Reg No:	
Has the vehicle been modified in any way? (if Yes, please provide details)				Yes No
Name of any other party with financial interest in the vehicle:				
Is there any other insurance on the vehicle or accessories?				Yes No
Has the vehicle a current Warrant / Certificate of Fitness?				Yes No

3. DRIVER DETAILS (or person in charge of the insured vehicle, to be completed, even if parked)

Full name (Mr/Mrs/Miss/Ms/Dr):

Private address:

Date of birth:

Occupation:

Telephone No: Private

Business

Driver Licence No:

Version number:

Number of years licence held:

Is Licence: Full Restricted Learners Date & country of issue:

Licence classes (please list):

Licence special conditions (please list):

Drivers relationship to policyholder:

Was the vehicle being driven with the owners consent? (if No, please provide details) Yes No

Are you the main driver of the insured vehicle? Yes No

If not the policyholder(s) do you have Motor Vehicle Insurance? (if Yes, please provide details) Yes No

During the past 5 years, have you: (If you answer Yes to any of the following questions, please provide details)

(a) Been involved in a motor accident? Yes No

(b) Been convicted of any offence other than parking? Yes No

(c) Been disqualified from driving or had licence cancelled or suspended? Yes No

4. DETAILS OF ACCIDENT

Date of accident: _____ Time: _____ AM _____ PM

Location (street & town/city): _____

Weather conditions: Bright Sun Overcast Rain Fog Clear Night

Road conditions: Sealed Metal Wet Dry Ice

What speed limit was in force? _____ What was your speed prior to braking? _____

Please state reason for journey: _____

Please provide full details of accident: _____

Who do you consider to be at fault? _____

Did anyone get hurt in the accident? (If Yes, can you please advise who and their relationship to the driver and known extent of the injuries) Yes No

Did the Police attend? (If Yes please provide incident reference) Yes No

Have the Police laid or mentioned laying charges against the driver of your vehicle? (If Yes, do you know what the charges are likely to be?) Yes No

Did driver consume liquor and/or drugs within 12 hours prior to the accident? (If Yes please provide details) Yes No

Was a breathalyser or blood test done? (If Yes please provide details) Yes No

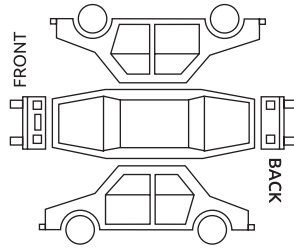
5. DAMAGE TO INSURED VEHICLE

Please describe damage to your vehicle & show on diagram: _____

Have you obtained a quote? (If Yes, please advise
repairer below) Yes No

Repairer: _____

Repair estimate: \$ _____



7. SKETCH PLAN OF ACCIDENT

6. OTHER VEHICLE OR PROPERTY DAMAGED

Driver/Owner of other vehicle or property: _____

Address: _____

Contact telephone No: _____ Insurance company: _____

Details of vehicle/property: _____ Registration No: _____

8. PASSENGERS IN YOUR VEHICLE OR INDEPENDENT WITNESS

Name: _____ Passenger Witness

Address: _____

Contact Telephone No: _____

Name: _____ Passenger Witness

Address: _____

Contact Telephone No: _____

DECLARATION: Note failure to provide full and truthful information could result in the claim being declined.

1. I/We agree to E&H/The Company disclosing 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 E&H/The Company & ICR Ltd

2. I/We agree to E&H/The Company obtaining personal information about me/us that is, in E&H's view, relevant to this claim.

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

All the information and answers (whether written or oral) given to E&H/The Company in connection with this claim are correct and that no information relevant to the claim has been omitted.

3. I/We authorise E&H/The Company to act on my/our behalf.

Policyholder's Signature: _____ Date: _____

Driver's Signature: _____ Date: _____