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| **Step 1: Person Taking the Call** | | | | | |
| Date: | [enter date] | Brokerage Firm: | [Broker co name] | Entered by: | [Broker staff member] |

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| **Step 2: The insured** | | | | | | | | | | | | | | | | | | | | |
| Surname: | [Enter surname] | | | | | | | First Name: | | | | | [Enter first name(s)] | | | | | | | |
| Street Address: | [Street number and name] | | | | | | | | | | | | | | | | | | | |
| Suburb/Rural Area: | [Suburb/R.D.] | | | | | | | Town/City: | | | | | [City/Town] | | | | | | | |
| Home Phone: | [Area code and number] | | | | | | | Work Phone: | | | | | [Area code and number] | | | | | | | |
| Mobile: | [Area code and number] | | | | | | | Email: | | | | | [email address] | | | | | | | |
| Bank Account No: | Bank | |  | Branch | | | |  | Account Number | | | | | | | |  | Suffix | | |
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| **Step 3: Policy Details** | | | | |
| Policy number: | [NZI policy no] | Policy wording: | [Applicable wording] | |
| Name on Policy: | [Name as it appears on policy document] | | | |
| Excess applicable: | $ | | Premiums: | Paid  Unpaid |

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| **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 complete your claim, I need you to agree two things:   1. Some details of your claim will be held on the Insurance Claims Register in Wellington. Please be aware that other insurance companies have access to this information 2. As part of your claim, we can give information to or get information from others about your claim.   Please answer all our questions honestly. If you are not completely honest, then your claim may not be paid and your policy could be affected.  Do you understand and agree, and are you happy for me to go ahead?” | | | | |

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| **Step 5: The insured vehicle** | | | | | | | | |
| 1. Year: | [Year] | Make: | [Vehicle make] | Model: | [Vehicle model] | Rego: | [Rego] | |
| 1. Is the vehicle subject to a finance arrangement of any kind? | | | | | | | | Yes  No |
| *If ‘Yes’, please give details:* [Name of Finance co and approx debt] | | | | | | | | |
| 1. Has the vehicle or engine been modified from the maker’s standard specifications? | | | | | | | | Yes  No |
| *If ‘Yes’, please give details:* [Details of enhancements] | | | | | | | | |
| 1. Is a special license endorsement (besides class 1) required to operate this vehicle? | | | | | | | | Yes  No |
| *If ‘Yes’, please give details:* [Special licence details] | | | | | | | | |
| 1. Is there any other insurance on the vehicle or accessories? | | | | | | | | Yes  No |
| *If ‘Yes’, please give details:* [Details] | | | | | | | | |

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| **Step 6: Details of driver or person in charge** | | | | | | | | | | | |
| 1. What is the driver’s date of birth? | | | [Date of birth] | | | | | | Female | | Male |
| 1. Was the driver (or person in charge when the accident happened) the person shown under Part 2?   *If ‘Yes’, please go to Part 8; if ‘No’ please answer questions 3-6* | | | | | | | | | Yes | | No |
| 1. Full name of driver (or person in charge): [Full name of driver] | | | | | | | | | | | |
| Street Address: | [Street number and name] | | | | | | | | | | |
| Suburb/Rural Area: | [Suburb/R.D.] | | | | Town/City: | | [City/Town] | | | | |
| Best contact ph: | [Area code and number] | | | | Best time to contact: | | [Enter details] | | | | |
| 1. Relationship to the insured: | | Husband | | Wife | | Son | | | | Daughter | |
| Other | | | | [provide details] | | | | | | | |
| 1. Did the driver have the owner’s permission to use the vehicle? | | | | | | | | Yes | | | No |
| 1. Does the driver have any motor vehicle insurance? | | | | | | | | Yes | | | No |
| 1. Does the insured confirm ownership? | | | | | | | | Yes | | | No |

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| **Step 7: Driver’s history** | | | |
| 1. Has the driver ever been refused vehicle insurance or had a policy cancelled or not renewed? | Yes | No | |
| 1. In the past 7 years has the driver: | | | |
| 1. Been involved in a motor vehicle accident? | Yes | | No |
| 1. Been convicted of a driving offence or any other infringement notice? | Yes | | No |
| 1. Been convicted of a criminal offence? | Yes | | No |
| 1. Disqualified from driving/had licence endorsed/cancelled/suspended? | Yes | | No |
| *If ‘yes’ was answered to any of the questions above, please provide details below:* |  | |  |
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| **Step 8: Driver’s licence** | | | | |
| *Full name as it appears on driver’s licence:*  Surname: [Surname] | | | | |
| First name(s): [First names] | | | | |
| Date of birth (field 3 on licence): | [Enter date of birth] | Licence issue date (field 4a): | [Date licence issued] | |
| Licence expiry date (field 4b): | [Date licence expires] | | | |
| Full address as it appears on driver’s licence (field 6): \* [Full address if provided]  \* This field is optional and may be blank on the driver’s licence | | | | |
| Driver’s licence number (field 5a): | [Details] | Licence version number (5b): | [Details] | |
| Special Conditions? | Yes  [details, e.g. spectacles must be worn] | | | No |

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| **Step 9: Details of accident** | | | | | | | | | | | |
| 1. Date of loss: | [Date of event] | | | Time of loss: | | | [Time of event] | | | | |
| 1. Location of incident: | [enter address of incident including street, business name if in carpark, and town/city] | | | | | | | | | | |
| 1. What was the vehicle being used for? | [enter address of incident including street, business name if in carpark, and town/city] | | | | | | | | | | |
| 1. Full details of journey: | [Enter details of journey] | | | | | | | | | | |
| 1. Description of incident: | [Enter details of event] | | | | | | | | | | |
| If the insured vehicle was being driven when the accident happened: | | | | | | | | | | | |
| 1. What were the weather conditions? | Rain | | Overcast | | Fog | | | Bright sun | | Clear night | |
| 1. What were the road conditions? | Sealed | | Metal | | Wet | | | Dry | | Ice | |
| 1. What speed was the insured vehicle travelling at before braking? [km/hr] | | | | | | | | | | | |
| 1. 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: [What consumed] | | How much: [Amount consumed] | | | | When: [At what time] | | | | | |
| 1. Was the driver required to provide the Police with a breath and/or blood sample? | | | | | | | | | Yes | | No |

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| **Step 10: Damage to the insured vehicle** | | | |
| 1. Describe the damage to the insured vehicle: [include details of which side, e.g. front right] | | | |
| 1. Did the vehicle need to be towed? | | Yes | No |
| Name of towing company: [Towing co] | | | |
| 1. Name of repairer: [Name of repairer, if chosen] | Telephone: [Area code and number] | | |
| 1. Address of repairer: [Address of repairer] |  | | |
| 1. When to be taken to repairer: [Date booked] | Repairer’s estimate $ | | |

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| **Step 11: Other vehicle or property damaged** | | |
| 1. Other vehicle owned/driven by: [Name of TP] | | Telephone: [Ph no] |
| Address: [TP's address] | Insurer and branch: [TPI] | |
| Other vehicle – make: [TP vehicle make] | Model: [TP vehicle model] | Rego: [TP rego] |
| Details of damage to other vehicle: [Damage to TP vehicle] | | |
| 1. Details of damage to other property: [Damage to TP property, e.g. house/fence] | | |
| Owner’s name and address: [Name of TP] | | |
| [TP address] | | Telephone: [Ph no] |

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| **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:* [Enter details] | | | | |
| 1. Who do you consider to blame? [Where does liability rest] | | | | |
| 1. What are your reasons? | [Why is that party at fault] | | | |
| 1. Did anyone admit liability? | | Yes | No | |
| *If ‘Yes’, who:* [Name of person accepting blame] | | | | |
| 1. Did the Police attend the accident? | | Yes | No | |
| *If ‘Yes’, please provide officer’s name and Police reference number:* [Police name and reference] | | |  | |
| 1. 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?* [Enter details, if known] | | | | |

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| **Step 13: Witnesses to the accident** | | | | |
| Were there any witnesses? | | | Yes | No |
| *If ‘Yes’, please give details below:* | | | | |
| Name: | [Name] | Passenger: | Yes | No |
| Address: | [Address and/or email] | Telephone: | [Phone no] | |
| Name: | [Name] | Passenger: | Yes | No |
| Address: | [Address and/or email] | Telephone: | [Phone no] | |

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| **Step 14: Any additional comments/information:** |
| [Any additional info, not covered in fields above] |