Motor Vehicle



Claim form

Please complete in FULL all sections of this Claim Form and return it to Zurich as soon as possible after the accident. Unless specifically arranged beforehand. No repairs or alterations to the damaged vehicle should be made until approved by Zurich.

Important information

- Do not admit liability Ask for any claim to be put in writing and refer all correspondence to ZURICH NEW ZEALAND.
- Make sure you give us all the details about your claim. Attach a separate sheet if you have insufficient space on this form.
- Send all quotations you have received to repair your vehicle and/or any quotations or correspondence you may have received from any other party in relation to this accident.

Fair Insurance Code

Zurich New Zealand is a signatory to the Fair Insurance Code. For more information about the Fair Insurance Code please go to www.icnz.org.nz

Brokers please note: You can monitor the progress of a claim via Open Door 24 Hours a Day, 7 days a week.

Policy number:	Clie	nt reference number:		
Division & Cost Centre:				
Insured				
Name of insured				
Address			State	Postcode
Phone number		Occupation		
Are you the sole owner of the in	nsured vehicle? Yes No			
Advise the date vehicle was pur		· / /		
If 'No', name of other interested	d parties			
Is the vehicle leased? Yes Insured vehicle	No Type of lease	e: Novated Other O		
Insured vehicle Make and Model			Year	Colour
Insured vehicle Make and Model Registration number	Engine number		Year VIN number	Colour
Insured vehicle Make and Model Registration number	Engine number			Colour
Insured vehicle Make and Model Registration number Certificate of fitness expiry	Engine number		VIN number	Colour 'ehicle over 2T and up to 5T
Insured vehicle Make and Model Registration number Certificate of fitness expiry CLASS OF VEHICLE	Engine number	Chassis or	VIN number	ehicle over 2T and up to 5T
Insured vehicle Make and Model Registration number Certificate of fitness expiry CLASS OF VEHICLE Sedan or Station Wagon	Engine number Four Wheel Drive	Chassis or Heavy Plant	VIN number	
Insured vehicle Make and Model Registration number Certificate of fitness expiry CLASS OF VEHICLE Sedan or Station Wagon Van or Utility up to 2T Semi Trailer	Engine number Four Wheel Drive Bus or Coach	Chassis or Heavy Plant Articulated Prime Mover	VIN number Rigid V	ehicle over 2T and up to 5T
Insured vehicle Make and Model Registration number Certificate of fitness expiry CLASS OF VEHICLE Sedan or Station Wagon Van or Utility up to 2T Semi Trailer Trailer details (if applicable): Make	Engine number Four Wheel Drive Bus or Coach	Chassis or Heavy Plant Articulated Prime Mover Rigid Vehicle over 10T	VIN number Rigid V	ehicle over 2T and up to 5T
Insured vehicle Make and Model Registration number Certificate of fitness expiry CLASS OF VEHICLE Sedan or Station Wagon Van or Utility up to 2T	Engine number Four Wheel Drive Bus or Coach Light Plant Type	Chassis or Heavy Plant Articulated Prime Mover Rigid Vehicle over 10T	VIN number Rigid V Rigid V Other	ehicle over 2T and up to 5T
Insured vehicle Make and Model Registration number Certificate of fitness expiry CLASS OF VEHICLE Sedan or Station Wagon Van or Utility up to 2T Semi Trailer Trailer details (if applicable): Make	Engine number Four Wheel Drive Bus or Coach Light Plant Type ries/modifications to vehicle?	Chassis or Heavy Plant Articulated Prime Mover Rigid Vehicle over 10T	VIN number Rigid V Rigid V Other	ehicle over 2T and up to 5T

Surname		Gi	ven name(s	5)				
Address					State		Postcode	
Phone number	Date of birth	/ /	Д	ge	Sex:	Male 🔵	Female 🔵	
Current Driver's Licence number class a	and endorsements							
Expiry date / /	Years Licenced t	to drive this typ	oe of vehicl	e				
Name of registered owner of the vehic	cle							
Are you an employee? Yes No	o If 'No', state rela	ationship						
Have you had any traffic convictions and traffic convictions and the second sec		r been involved	d in any mo	tor vehicle	e acciden	ts in the pa	st five (5) years?	
low many hours have you spent drivinoid you consume any alcohol or take a 'Yes', state what, how much and wh	any drugs during the 12						Yes	No (
oid you undergo a breath test or bloo		uas?					Yes ()	 No (
'Yes', what was the result	a test for alcohol of all	195.					163	110 (
oid you refuse to undergo any of the	above tests?						Yes ()	No (
Damage to insured vehicle Vas your vehicle damaged? Vas your vehicle towed away? Have you obtained a repair quote? Who is your preferred repairer? Is the vehicle there?	Yes No Yes No Yes No Yes No No	If tyres dar If 'Yes', na Lowest qu	me of com ote \$	pany		(Attach all	quotes)	
- ull address					State		Postcode	
hone number								
REAR Show the damaged areas to your vehicles	cle on the following dia	agram		FRONT	THE MAD	DAMAGED	R ALTERATIONS) VEHICLE SHOU PPROVED BY Z	JLD BI

Pate /	/	Time	() AM	O PM	Vehicle Use	: Business (Private ()
Day of the Week:	Monday 🔵	Tuesday 🔵	Wednesday 🔘	Thursday 🔵	Friday 🔵	Saturday 🔵	Sunday
OCATION: Street				Suburb			Postcode
How did the incident	t or theft happ	en?					
Please draw a plan o t is important to det					re of the road	way; direction a	and location of vehicles.
Indicate you	r own vehicle a	s A		Indicate	e any other ve	hicles as B	
Vho do you conside	r was at fault?	Myself (Other Driver	Other			
Vhy?							
stimated speed of y	our vehicle 30	metres prior to	accident?	KPH			
			accident?	KPH KPH			
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Damage to other vehicles or property

	Vehicle / Property No. 1	Vehicle / Property No. 2
Name of other driver		
Address		
Age		
Phone number		
Licence number		
Vehicle Make & Model		
Registration number		
Name of registered owner		
Address		
Phone number		
The other insurance company		
Policy number		
Description of damage		

8	Privacy	and	Declaration
Τ,	,		

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 Zurich New Zealand
- (d) The information is being collected and held by Zurich New Zealand, P.O. Box 497, Shortland Street, Auckland 1140
- (e) The collection of this information is required pursuant to the terms of your insurance policy;
- (f) The failure to provide this information may result in you claim being declined;
- (g) You have the rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993

Note: Failure to provide full and truthful information could result in the claim being declined

- (a) I/We declare that the information given in this form is correct.
- (b) I/We authorise and request the New Zealand Police to release to Zurich New Zealand copies of any documents held by the New Zealand Police relating to the incident giving rise to this claim. If necessary, authority should be treated as a formal request pursuant to the Official Information Act, 1982.
- (c) I/We authorise the disclosure of personal information held by any other party regarding this claim. I/We agree to Zurich New Zealand releasing to other parties personal information regarding this claim.
- (d) I/We authorise the insurer or its authorised agent to give or obtain from the other insurers or other parties any information relating to any insurance held or claim made.
- (e) IWe solemnly declare that the information given & contained in this document is true & correct by virtue of the Oaths & Declarations Act, 1957.
- (f) I/We acknowledge that if any information given is incorrect or has been concealed it may result in the claim being declined.
- (g) Whilst the claim is under consideration I/We consent to the vehicle being moved to Zurich's preferred salvage provider for safe keeping. If indemnity is not provided, these costs will be borne by the Insured
- (h) If I am a broker and I am completing this form, I confirm that I have been appointed as an agent of the driver, insured, or owner to complete and submit this form on behalf of that driver, insured or owner.

name of person submitting this claim as of on behalf of the insured (Flease print).				
	Date	/	/	

Zurich New Zealand does not admit liability by the issue of this Claim Form. This form is issued simply to enable the insured to lodge a written statement of claim.