

YOUR VEHICLE - USAGE

Please provide full details of the purpose of your journey including details of your point and time of departure and your destination.

YOUR VEHICLE - PASSENGER DETAILS

Name	Age	Licence Type	Phone

INCIDENT DETAILS - DRIVER INFORMATION

Within 12 hours before the incident had the driver:

a) Consumed intoxicating liquor? Yes: No: If Yes then type and how much:

b) Taken any drugs? Yes: No: Specify:

Did the Police or Traffic Officers attend? Yes: No: Name of Officer:

Was an offence notice issued? Yes: No: Which Office:

Is anyone to be prosecuted as a result? Yes: No: Who? (Names):

State the nature of the charge: (and attach a copy)

Police Event reference number:

INCIDENT DETAILS - DESCRIPTION

Time: am/pm Date: Day of Week:

Location (Street/s and Town) of incident:



Speed of Your Vehicle immediately prior to mishap: Road Condition:

How did the incident occur?

Have you made an admission of liability? Yes: No:

Please draw a plan of the roadway where the incident occurred (use a separate sheet if necessary)

Directions

1. Name the streets
2. Show your vehicle... 
3. Show other vehicle... 
4. Indicate and lane markings And/or traffic signs.

NORTH
↑

Witness Details

Name: <input type="text"/>	Address: <input type="text"/>	Phone: <input type="text"/>
Name: <input type="text"/>	Address: <input type="text"/>	Phone: <input type="text"/>
Name: <input type="text"/>	Address: <input type="text"/>	Phone: <input type="text"/>

INCIDENT DETAILS - DAMAGE TO YOUR VEHICLE

What damage did Your Vehicle sustain?

Was the Vehicle towed from the scene? Yes: No: If so, by whom?

Where is the Vehicle Currently located?

Have you obtained an estimate for repairs? Yes: No: If so please send the estimate(s) to us with this claim form.

Please note. You are not to authorise repair of the Insured Vehicle until the damage has been inspected and the estimated loss has been approved by insuredirect or it's Underwriter and/or their Assessors.

INCIDENT DETAILS - THIRD PARTY DRIVER

Name and address of the Owner of the other Vehicle:

Phone Numbers:

Name and address of the Driver of the other Vehicle:

Phone Numbers:

Did the other Driver a) Make an admission of liability? Yes: No:

b) Hold you responsible? Yes: No:

INCIDENT DETAILS - THIRD PARTY VEHICLE

Make and Model of the other Vehicle:

Registration number of the other Vehicle:

Damage to the other Vehicle:

Damage to any other property:

Name and Branch of the Company with which the other Vehicle is Insured:

OTHER INFORMATION

Please use this section to provide any other information that could be relevant to this claim.

STATUTORY DECLARATION

I/We hereby declare the forgoing particulars to be true and correct and I/We undertake to provide any information requested and to render insuredirect, their Underwriters or anyone appointed by them every assistance within My/Our power in dealing with the matter and I/We hereby authorise insuredirect, their Underwriters or anyone appointed by them to obtain details of endorsements and any convictions pertaining to any Driving Licence issued to Myself/Ourselves.

I/We intend to claim indemnity under My/Our Insurance Certificate in respect of this incident.

I/We agree that any instructions given by insuredirect, their Underwriters or anyone appointed by them for the repair or removal/disposal of the Vehicle will be taken as being on My/Our behalf.

I/We understand that the information provided on this claim form and any supporting documents are subject to the Contract of Insurance as detailed in the Insurance Schedule and Policy Wording.

Date:

Signature of the Insured:

Signature of the Driver:

Central Register of Driver Licences
Land Transport Safety Authority
PO Box 11-349
WELLINGTON

Fax (09)3098481

Dear Sir/Madam,

PRIVACY ACT 1993: REQUEST FOR PERSONAL INFORMATION

I authorise Inbroke Limited to obtain from the Land Transport Safety Authority the following information about me:

My Driver history record as it relates to traffic offences.

My full name is: _____ Date of Birth: _____

Current Address: _____

Driver Licence Number: _____ Vehicle registration: _____

This is a; Learner: Restricted: Full: Licence.

The information is to be sent to:

INBROKE LIMITED
PO Box 4513
Auckland
Attention: Claims Department

I understand that Inbroke Limited will use the information provided to verify details I supplied in support of my insurance claim.

Signed: _____ Date: _____

Land Transport Safety Authority use only:

No Convictions Recorded

Please find Attached

Signed: _____ Date: _____