

Policy Number:

Claim Number:

IMPORTANT – Please read before completing this form

CLIC Car Insurance Limited intends to pay genuine claims quickly and fairly. Please take your time to answer the questions carefully and accurately. If you require any assistance in completing this claim form, please contact CLIC Car Insurance on 0800 CAR LOVE (0800 227 5683).

Caution: Your claim could be refused if you give false or misleading information, or withhold information you should have told us.

Privacy Act

The information you supply is needed to allow us to consider your claim. You have the right to request access to the information held by CLIC Car Insurance Limited about you and you may ask for it to be corrected in accordance with the Privacy Act 1993.

A Policyholder details

Title Mr Mrs Miss Ms Other _____

First name/s _____ Last name / Corporate name _____

Date of birth D / M / Y

Residential address _____

Postal address (if different) _____

Telephone number (business) () _____ (home) () _____
(cell phone) () _____

Email address _____ Preferred method of contact _____

B Ownership details

1. Is the policyholder the registered owner? Yes No

If 'No', give owner's name _____

2. Is the vehicle leased? Yes No

If 'Yes', give details _____

(name and address of lease company)

3. Does any person or company have a financial or security interest in the vehicle? Yes No

If 'Yes', give details _____ \$ _____

(name)

(postal address)

(amount outstanding)

4. Is there any other insurance policy, covering the vehicle or its accessories? Yes No

If 'Yes', give details _____

C Vehicle details

5. Year _____ Make & model _____ Registration number _____

6. Has the vehicle been modified since manufacture? Yes No

If 'Yes', please give details: _____

(if you require more space, please continue on page at the back of this form)

7. Was the vehicle damaged in the accident? Yes No

If 'Yes', arrangements for our inspection and preferred panel-beater:

Give repairer's name _____

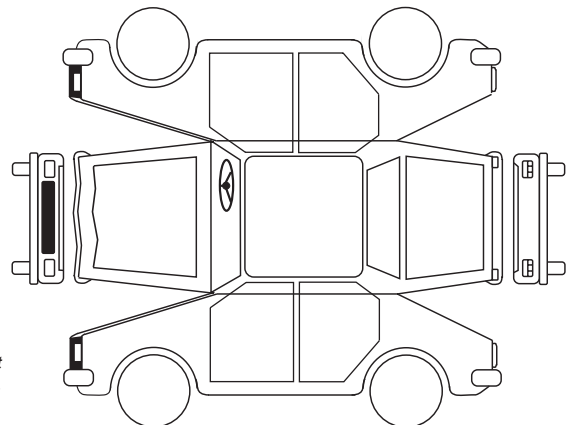
Repairer's phone number () _____

Inspection of damaged vehicle:

At repairer now

Repairer to phone CLIC Car Insurance when available

Show point(s) of impact and damaged areas even if you are not claiming for damage to the vehicle.



D Driver details

8. a Was the policyholder driving (or in charge of the vehicle if it was parked)? Yes No
If 'Yes', go to question 12
- b If 'No', did you give the driver permission to use the vehicle? Yes No

Please ensure the rest of this form is completed by the driver or person in charge of the vehicle at the time of accident.

9. Title Mr Mrs Miss Ms Other _____
First name/s _____ Last name _____
Date of birth D / M / Y
Residential address _____

Telephone number (business) () _____ (alternate number) () _____

10. Your relationship to the policyholder: _____

11. Did the policyholder know you were using the vehicle? Yes No
12. Was the vehicle being driven? Yes No

If 'Yes', please answer all questions. If 'No', go to question 15.

13. Do you hold a current driver licence for this type of vehicle? Yes No Years licensed _____
If 'Yes', please tick type: NZ full NZ restricted NZ learner Overseas country _____

14. Driver licence number _____ (Please attach a copy of your licence to this claim form).

15. In the last 7 years, have you been involved in a vehicle accident, fire or theft whether a claim was made or not? Yes No

If 'Yes' please give details:

Date	Insurance company	\$Cost
<u> </u> D / <u> </u> M / <u> </u> Y	_____	_____

What happened? _____

Date	Insurance company	\$Cost
<u> </u> D / <u> </u> M / <u> </u> Y	_____	_____

What happened? _____

(if you require more space, please continue on page at the back of this form)

16. In the last 7 years have you:
- a) had a conviction or been fined or are awaiting prosecution for any **traffic** offence (other than parking)? Yes No
- b) had a conviction or are awaiting prosecution for any criminal offence? Yes No

If 'Yes' to a) or b) please give details:

Date	Offence	Penalties
<u> </u> D / <u> </u> M / <u> </u> Y	_____	_____
<u> </u> D / <u> </u> M / <u> </u> Y	_____	_____
<u> </u> D / <u> </u> M / <u> </u> Y	_____	_____

(if you require more space, please continue on page at the back of this form)

G Other vehicles

29. Was another vehicle involved?

Yes - **complete the details below**

No - **go to section 'H'**

If 'Yes', other driver's name _____

Contact address _____ Phone No. () _____

Make & model of other vehicle _____

Registration number _____ Insurance company _____ Number of passengers _____

Brief details of damage to other vehicle _____

If 'Yes', any other driver's name _____ Phone No. () _____

Contact address _____

Make & model of third vehicle _____

Registration number _____ Insurance company _____ Number of passengers _____

Brief details of damage to other vehicle _____

(if you require more space, please continue on page at the back of this form)

H Other property

30. Was any other property (eg. fences, poles etc.) damaged in this accident?

Yes - **complete the details below**

No - **go to section 'I'**

Description of property	Name & address of owner	Insurance company
_____	_____	_____
_____	_____	_____
_____	_____	_____

I Passengers / witnesses

31. Were there any passengers in the vehicle or other witnesses?

Yes - **complete the details below**

No - **go to section 'J'**

Passengers

Name _____ Age _____

Address _____ Phone No. () _____

Name _____ Age _____

Address _____ Phone No. () _____

Name _____ Age _____

Address _____ Phone No. () _____

Witnesses

Name _____

Address _____ Phone No. () _____

Name _____

Address _____ Phone No. () _____

Name _____

Address _____ Phone No. () _____

J Other information

32. Was any intoxicating alcohol, drug (whether prescribed or not), solvent or other mind altering substance consumed by the driver within 12 hours before the accident? Yes No

If 'Yes', type: _____

Time of first consumption: _____

Quantity consumed: _____

Total period of consumption: _____

Place of consumption: _____

33. Was a breathalyser test, blood test, sobriety test or any other test requested or taken after the accident? Yes No

If 'Yes', please state the type of test and result _____

34. Was the accident reported to or attended by the police?

If 'Yes', please give station, file number and/or officer name _____

35. Do you know if any person involved is to be charged with any traffic or criminal offence?

If 'Yes', give details _____

K Further information

36. Is there any other information that we should know which might affect the acceptance of this claim? Yes No

If 'Yes', please give details _____

L Declaration

I confirm that:

1. The answers given are entirely true and correct and that I have not withheld any information relevant to the acceptance of this claim.
2. I understand that this claim may be refused if any answer is untrue or incorrect or any relevant information is withheld.
3. CLIC Car Insurance is authorised to give to or obtain from any party (including but not restricted to credit reference checking agencies and the NZ police) any information that in CLIC Car Insurance's view is relevant to this claim.
4. I accept the information contained in this document, and other information I supply in support of my claim, will be held by CLIC Car Insurance and AMI Insurance and that outside contractors and agents engaged by CLIC Car Insurance may use the information for the purposes of the assessment of my claim.

Signature of driver (or person in control) _____ Date / /

Signature of policyholder _____ Date / /

