

3. DETAILS OF OTHER PERSONS

Passengers in your vehicle	Independent Witnesses
Name	Name
Address	Address
Telephone	Telephone
Name	Name
Address	Address
Telephone	Telephone
Driver/Owner of other vehicle or property	
Name	Name
Address	Address
Telephone Insurance Coy	Telephone Insurance Coy
Details of vehicle/property	Details of vehicle/property
Registration Number	Registration Number

4. DETAILS OF LOSS OR ACCIDENT (Please continue on a separate sheet, if necessary)

Date Time am/pm (delete one)

Location (eg. Street) Suburb or Town

Weather: Rain Overcast Fog Bright Sun Clear Night

Road: Sealed Metal Wet Dry

What speed limit was in force? 50 Km/hour 100 Km/hour Other

What was your speed: Prior to braking At impact

Please state reason for journey

Describe in detail how the accident occurred

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What, in your opinion, caused the accident

5. DAMAGE TO INSURED VEHICLE (NB: Do not proceed with repairs without the Company's authority)

Describe damage

Repairer Telephone Estimate \$

If not at above, Date of repair OR where can vehicle be inspected

6. SKETCH PLAN OF ACCIDENT (Please continue on a separate sheet, if necessary)

Indicate: Street names; direction of vehicles. Your vehicle  Other vehicle 

DECLARATION: **Note: Failure to provide full and truthful information could result in the Claim being declined.**

- I/We agree to The Company disclosing my/our personal information regarding this claim to:**
 - Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICR Ltd) P.O. Box 474, Wellington, where it will be retained and made available to other insurance companies to inspect.
 - Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.
 - I/We understand that I am/We are entitled to have certain rights of access to and correction of the personal information held by The Company and ICR Ltd.
 - I/We agree to The Company obtaining personal information about me/us that is, in The Company's view, relevant to this claim.**
 - From any other party including other members of the Insurance Industry and from Insurance Claims Register Ltd (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 The Company in connection with this claim are correct and that no information relevant to the claim has been omitted. I/We authorise The Company to act on my/our behalf.

Policyholder's signature (If a company, state capacity) Date

Driver's signature Date