

COURIERCOVER MOTOR VEHICLE CLAIM FORM

If you have any questions regarding this claim form, please call 0800 494 577 or email nz.eclcourier@aon.com for assistance.

Notes:

1. Please read the claims section of your CourierCover policy before completing this form.
2. Please answer all the questions on the form.
3. You must not incur any expense (unless it is to minimise the loss), or admit fault, without the insurer's permission.
4. The driver of the vehicle (or the person who was in charge) must sign Part J of this form.

Part A. Insured policy details

Policy Name: _____ Courier ID: _____

Email address: _____

Phone numbers: Landline: _____ Mobile: _____

Part B. Details of the person driving/in charge of the vehicle at the time of the accident

Name: _____ Date of birth: _____

Address: _____

Gender: Male _____ Female _____ Other _____

Email address: _____

Phone numbers: Landline: _____ Mobile: _____ Best time to call: AM _____ PM _____

Driver Type: Full-time / Permanent employee _____ Relief Driver _____ Casual Driver _____

Driver's licence details:

Driver's Licence Type: Full NZ Licence _____ Restricted Licence _____ Learner's Licence _____ International Licence _____

Date Licence issued: _____ Licence Expiry Date: _____

Licence Number: _____ Licence Version: _____

Licence Class/Endorsements: _____

Driver's history: If you answer "Yes" to any of the below questions, please supply further details in the space provided or on a separate sheet

1. Have you ever been refused vehicle insurance, or had a policy cancelled or not renewed? Yes No
If you answered "yes", please provide the details below:

Details: _____

2. In the past five years, have you:
a) been involved in a motor vehicle accident? Yes No

Date of accident: _____ Were you at fault? Yes No

Were any charges laid? Yes No Cost of claim: \$ _____

Details: _____

- b) been convicted of a driving offence, or issued with an offence notice or an infringement notice (including speeding)? Yes No

Type of offence/infringement	Date of offence/infringement	Number of demerit points	Amount Fined
			\$
			\$
			\$

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c) been disqualified from driving or had his or her licence endorsed, cancelled or suspended? Yes No

Suspension/ cancellation Date	Reason for suspension/cancellation	Date received licence back	Reason for Disqualification

Part C. Vehicle details:

Type of vehicle	Year	Model	Registration number	Subject to a finance arrangement?	
				Yes	No

If the vehicle is subject to a finance arrangement, please provide details below:

Interested party details

Name:

Phone Number:

Email address:

Part D. Accident details: Please provide any further details of the accident at the end of this section or on a separate piece of paper.

Date:

Time of day:

Accident Location
(Street & Town/City):

- | | | |
|---|-----|----|
| 1. Was the vehicle being used with the authority of the owner? | Yes | No |
| 2. Was the vehicle being used for business purposes? | Yes | No |
| 3. Had the driver consumed any alcohol, drug or intoxicating substance within six hours prior to the accident? | Yes | No |
| 4. Did the Police attend the accident? | Yes | No |
| 5. To your knowledge, is anyone to be charged because of the accident? | Yes | No |
| 6. Did any person suffer damage to any property? | Yes | No |
| 7. Were there any other vehicles involved? | Yes | No |
| 8. To your knowledge, have the Police laid charges, or mentioned laying charges against the driver of your vehicle? | Yes | No |
| 9. Was anyone hurt in the accident? | Yes | No |

Details:

10. Please select the option that best describes what happened in the accident. Please provide details below if necessary.

- | | | | |
|---------------------------------|--|------------------------------------|--|
| 1. Failed to give way/stop | 2. Third party failed to give way/stop | 3. Hit third party front/side | 4. Third party hit insured front/side |
| 5. Hit third party rear | 6. Third party hit insured rear | 7. Hit third party while reversing | 8. Third party hit insured while reversing |
| 9. Hit third party while parked | 10. Third party hit insured while parked | 11. Crossed into third party lane | 12. Third party crossed into insured lane |
| 13. Both parties reversing | 14. Hit stationery object | 15. Bicycle hit third party | 16. Third party hit insured party |

17. Other, please provide details:

Details:

11. To your knowledge, what was the insured vehicle's approximate speed?

a) Approaching the scene

b) On impact:

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12. Please describe the weather conditions at the time of the accident:

Overcast Rain Fog Snow Bright Sun Clear

13. Please describe the road conditions at the time of the accident:

Sealed Unsealed Metal Dry Wet Icy

14. Please describe the road lighting at the time of the accident:

Well lit Dark Other

15. Did the vehicle have its lights on?:

Yes No Dipped Full

Part E. Description of the Accident: Please describe the accident below and provide any further details of the accident on a separate piece of paper.

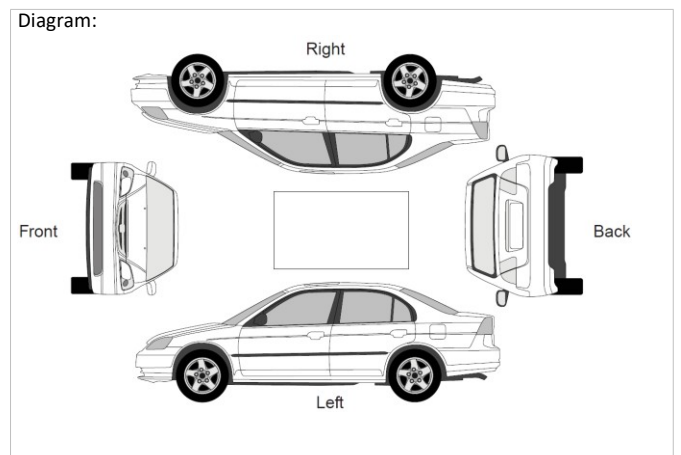
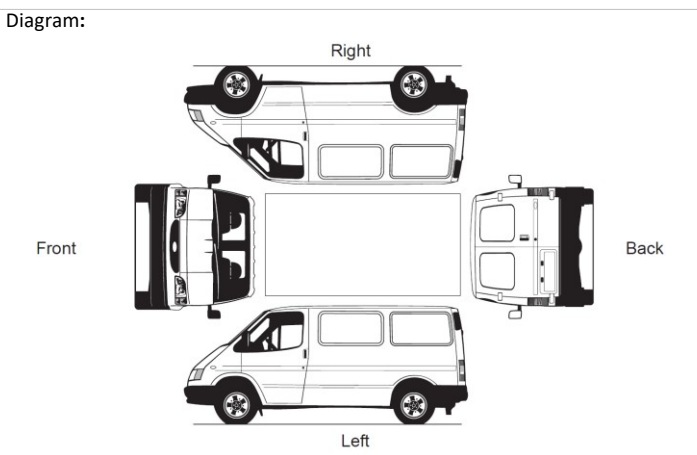
Accident Details:

Part F. Sketch of the Accident: Please sketch the accident below or on a separate piece of paper.

Please sketch a plan of the accident showing:

Street Names Road markings Traffic signals Distance between vehicles
 Distance from kerb Road signs Traffic islands Direction of traffic

Part G. Damage to the insured vehicle: Please describe the damage to your vehicle below and indicate the damage on the following diagram.



WE RECOMMEND YOU TAKE PHOTOGRAPHS OF ALL VEHICLES & ANY DAMAGE, FOLLOWING THE ACCIDENT, TO SUPPORT YOUR CLAIM.

Was the vehicle towed away? Yes No

Towing Company Name: Towing Company Phone Number:

Repairer Name: Repairer Phone Number:

Repairer Address:

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Part H. Witnesses to the accident please provide details below for any witnesses to the accident

1. Were there any witnesses to the accident (including passengers and onlookers)? Yes No

Name	Address	Phone number

Part I. Liability for the accident

1. Do you consider the accident to be the fault of any person other than yourself? Yes No

Details:

2. Did the other driver admit liability? Yes No

Details:

3. Was the other vehicle insured? Yes No

Details:

Please provide the name(s), address(es) and registration number(s) for the owners of any vehicle or property damage:

Name	Address	Phone number	Registration Number

Part J. Declarations

I/We declare that:

1. I/We agree to authorise the insurer to move the vehicle to a claim assessing centre for examination and assessment.
2. Material facts:
 - a) All information given to NZI, a business division of IAG New Zealand Limited, in connection with the claim (whether oral or written) is true and correct;
 - b) No information relevant to the claim that I/we are aware of has been omitted intentionally;
3. Use of information:
 - a) My personal information collected by NZI in connection with this claim may be disclosed to:
 - i. Other members of the insurance industry and Insurance Claims Register Ltd;
 - ii. Parties repairing or replacing the subject-matter of the claim;
 - iii. Parties who have a financial interest in the subject-matter of the policy;
 - b) My personal information held by any other parties in connection with this claim may be disclosed to NZI.

Please note:

- We gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you refuse to provide it, we may decline your claim(s).
- This information is held by us, and you may access it. It may be passed onto other insurers you deal with, repairers and mortgagees, etc.
- Your claims history is passed onto, and held by Insurance Claims Register Ltd. This enables other insurers you deal with to access it and prevents fraudulent claims.
- Failure to provide full and correct information could result in your claim being declined.

Driver's signature: _____

Insured's signature: _____ Date: _____