



Uninsured Third Party Claim Form

Uninsured third party

Full name: _____

POSTAL ADDRESS

Number/Street: _____

Suburb: _____ Town/City: _____

BUSINESS ADDRESS

Number/Street: _____

Suburb: _____ Town/City: _____

Email Address: _____

PHONE NUMBERS

Private: _____ Business: _____

DETAILS OF YOUR VEHICLE

Year: _____ Make: _____ Model: _____ Reg. No.

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Pre-Accident Value \$ _____

LICENCE DETAILS

Licence Number: _____ Type Learner Restricted Full

1. Does a finance company or any other person have an interest in the vehicle? Yes No

If 'Yes', please give details

2. Is there any insurance on the vehicle or accessories? Yes No

If 'Yes', please give details

3. What is the name and address of the driver of your vehicle?

4. What is the name and address of the owner of your vehicle?

5. When did the accident occur?

Date: _____ Time: _____

6. Where did the accident occur?

Number/Street _____

Suburb: _____ Town/City: _____

7. Where is your vehicle at present?

8. What repairer would you like to use?

9. What is the damage to your vehicle?

10. Did the driver of your vehicle consume any intoxicating liquor or take any drugs in the 12 hours prior to the accident?

If 'Yes', please give details

Yes No

11. Did a Police Officer attend?

Yes No

If 'Yes', please give details

(a) Name or Number: _____ (b) Station or Depot: _____

12. Details of the our Insured

Name: _____

Policy No.: _____ Claim No.: _____

13. Details of our Insured's vehicle

Year: _____ Make: _____ Model: _____ Reg. No.

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14. State fully how the accident occurred

15. Who do you think is at fault and reasons why?

sketch plan of accident

Please show any:

- ▶ Street names
- ▶ Road markings
- ▶ Road signs
- ▶ Traffic signals
- ▶ Traffic islands
- ▶ Distances from kerb
- ▶ Distances between vehicles
- ▶ Direction of travel

Bank account details

Bank Account Details:

Declaration and signature

I _____ of _____
(FULL NAME) (ADDRESS)

(OCCUPATION) _____ declare that all the information set out above is true and correct.

Signature: _____ Date: _____

PRIVACY ACT

The following is brought to your attention:

- (a) This form collects personal information about you;
- (b) This information is collected to determine whether our insured is legally liable to you, and if so, to enable liability to be settled;
- (c) The intended recipient of the information is NZI, a business division of IAG New Zealand Limited;
- (d) The information is being collected and held by NZI, Private Bag 92130, Auckland;
- (e) The failure to provide this information will result in our refusal to consider your claim against our insured;
- (f) You have rights to access to, and correction of, this information, subject to the Privacy Act 1993.