Uninsured Third Party Claim Form



Uninsured third party

Full name:		
POSTAL ADDRESS		
Number/Street:		
Suburb:	Town/City:	
BUSINESS ADDRESS		
Number/Street:		
Suburb:		
Email Address:		
PHONE NUMBERS		
Private:	Business:	
DETAILS OF YOUR VEHICLE		
Year: Make:	Model:	_ Reg. No.
Pre-Accident Value \$	-	
Licence Details	Tuna Laarnar 🗌 Pastrictad 🗍 Eu	
1. Does a finance company or any other person have an inter	est 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		
2. What is the name and address of the driver of your yohicle	٠ ٦	
3. What is the name and address of the driver of your vehicle	!	
	- 2	
4. What is the name and address of the owner of your vehicle	27	
5. When did the accident occur?		
Date:	Time:	
6. Where did the accident occur?		
Number/Street		
Suburb:	Town/City:	

Uninsured Third Party / Claim Form



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 intoxic	ating liquor or take any drugs in the 12 hour	rs 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
15	. Who do you think is at fault and reasons why?		



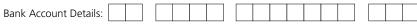


sketch plan of accident

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



Declaration and signature

l	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.

