

Claim / Customer Ref:

 Office

This form must be returned directly to us immediately with all questions answered. The driver details should be completed by the actual driver of the vehicle if the driver is different from the insured.

Important: Please read before completing this form.

Many of the fraudulent claims we receive are made as motor vehicle claims.

This usually has the result of increasing premiums and raising excesses. Rather than penalising you – our honest and loyal clients whose support we value – we'd prefer to ask your help in filling out this form. Particularly we would point out that where items within a claim are proven to be inflated, the total claim will be declined. We will be carefully monitoring all claim information with the aim of paying genuine claims quickly, stopping expensive fraudulent claims and keeping your premiums down. Thank you for your co-operation.

1.0 Insured's details

CONTACT DETAILS

 Title Mr Mrs Ms Miss Dr
 Other:

Surname

First name(s)

 Date of birth d d m m y y y y

Phone ()

Mobile ()

Email

ADDRESS DETAILS (PHYSICAL)

Street number

Street name

Suburb

Town / City

INTERESTED PARTY(S) (BANK, FINANCE COMPANY ETC)

Name

Postal Address

Post Code

Name

Postal Address

Post Code

ADDRESS DETAILS (MAILING - IF DIFFERENT)

Street / Box number

Street name

Suburb

Town / City

Postcode

2.0 Insured vehicle details

Year

Make and model

Reg no.

Vin no.

3.0 Driver of the vehicle details

 Title Mr Mrs Ms Miss Dr
 Other:

Surname

First name(s)

Street number

Street name

Suburb

Town / City

Postcode

Occupation

Phone ()

Mobile ()

Email

 Date of birth d d m m y y y y

Licence No.

Date of issue

Type of licence at time of accident

 Full Restricted Learners

Was the driver the:

 Owner Employee Family member

 If other specify whom:

 Was the vehicle being driven without the owner's knowledge and consent? Yes No

If YES, give full details

Had the driver taken any medication in the 24 hours prior to the accident? Yes No
If YES, give full details

Had alcohol and/or drugs been consumed by the driver in the 24 hours prior to the accident? Yes No
If YES, give full details

Was a breathalyser, or blood test, or other test required? Yes No
If YES, give full details

IN THE PAST FIVE YEARS HAS THE DRIVER:

Had any insurance cancelled or refused? Yes No
If YES, give full details

Had a driving licence endorsed, suspended or cancelled? Yes No
If YES, give full details

Committed, been charged with or convicted of any criminal or traffic offence (other than parking)? Yes No
If YES, give full details

Been convicted of driving while under the influence of drugs or alcohol? Yes No
If YES, give full details

Had a driving licence endorsed, suspended or cancelled? Yes No
If YES, give full details

4.0 Damage to vehicles involved in accident

4.1 INSURED VEHICLE

Describe the damage to the vehicle (e.g. bumper and right rear panel)

Is the vehicle driveable? Yes No

Amount of estimate for repairs
(attach quote if possible)

Where and when can it be inspected?

4.2 OTHER VEHICLES INVOLVED IN ACCIDENT:

Owner's title Mr Mrs Ms Miss Dr
 Other:

Owner's name

Street address

Suburb

Town / City

Postcode

Phone ()

Mobile ()

Email

Make/Model

Reg No.

Insurance company

4.3 THIRD PARTY DRIVER'S DETAILS

Owner's title Mr Mrs Ms Miss Dr
 Other:

Owner's name

Street address

Suburb

Town / City

Postcode

Phone ()

Mobile ()

Email

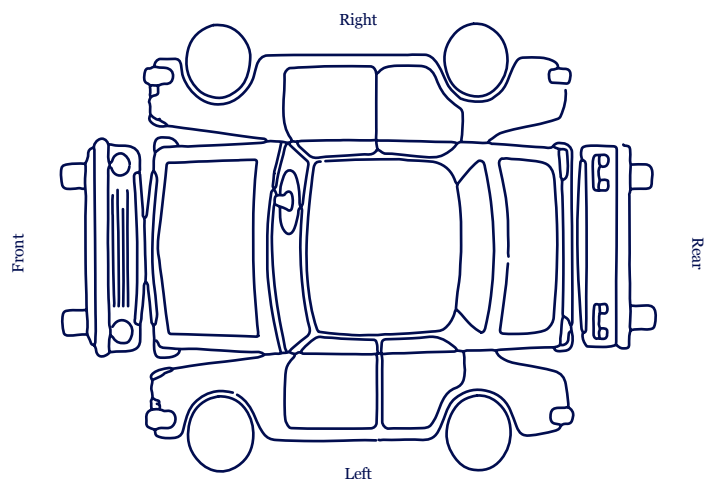
Make/Model

Reg No.

All written communications from any other party must be forwarded immediately to us.

4.4 DAMAGED VEHICLE IMPACT DIAGRAM

Mark with an "X" all areas damaged on your vehicle in the accident



5.0 Police details

Did the Police attend the scene? Yes No

If "No", have the Police been notified? Yes No
If "Yes", which Police Station was the loss reported to?

On which date?

d	d	m	m	y	y	y	y
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Police File / Event Number

Have the Police recovered any property? Yes No

N.B. Please attach the Police Complaint Form in all cases of theft or loss

Has the loss been advertised in any newspapers? Yes No
If "Yes"

Paper

Date

d	d	m	m	y	y	y	y
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Other action taken to recover property

6.0 What happened

Date of accident

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Time of accident

h	h	m	m
---	---	---	---

 a.m. p.m.

Were there any independent witnesses (not passengers in your vehicle)? Yes No
If "Yes" please give details

Witness 1 – Name

Address

Phone

Witness 2 – Name

Address

Phone

Were there any passengers aged 15 years or older in your vehicle at the time of the accident? Yes No
If "Yes" please give details

Passenger 1 – Name

Address

Phone

Passenger 2 – Name

Address

Phone

Exact location of accident (show street and town)

Where had you been

Where were you going

What purpose was the vehicle being used for at the time of the accident?
 Private Business Farming

What weather conditions applied at the time of the accident?
 Fine Rain Overcast
 Dusk Dark Daylight

Give full and precise details as to how the accident occurred

Please provide a sketch diagram of the accident.
Please mark your vehicle as (A). Show road signs/markings.

What speed were you travelling prior to the accident?

 The other vehicle(s) speed?

 Whom do you consider to be at fault? (give reason)

Did either party admit liability? Yes No
 If YES, give full details

Has anyone been charged with any offence in connection with the accident? Yes No
 If YES, give full details (who/type of charge)

Did the accident cause any damage to property (i.e. fences, walls, posts, etc.) of others? Yes No
 If YES, provide their name, address phone number and details

Please give details of anything else you feel may be relevant to this accident

7.0 Declaration (please read this carefully before signing)

Where any declaration is answered NO then further details will need to be provided below in the box headed "Exceptions to this Declaration".

I/We declare that:
 All the statements in this claim form and any additional schedules are correct.
 Yes No

The motor vehicle and/or accessories are correctly described in this form and were lost, stolen or damaged under the circumstances described overleaf.
 Yes No

I/We have told TOWER everything relevant to this claim.
 Yes No

I/We understand that:
 Wilful or reckless exaggeration or inflation of the amount claimed will forfeit the claim and may result in prosecution.

The personal information provided in this claim form is being collected by TOWER to enable it to evaluate my/our claim.

I/We have certain rights of access to and correction of the personal information provided by me/us on this claim form or in support of this claim, but if I/we do provide incorrect information, TOWER may be entitled to decline the claim whether or not it is later corrected.

If any of the property in this claim for which I/we have received payment is subsequently recovered I/we will notify TOWER immediately and return the property to TOWER or will refund to TOWER the value of the recovered items.

I/We authorise TOWER to obtain personal information about me/us from any other party.

I/We authorise TOWER to obtain if required a copy of the police report from the Police relating to this claim.

7.1 EXCEPTIONS TO THIS DECLARATION

Signature

Before signing please ensure that you have answered all the questions and have read and understood the "declaration" above.

Full name	Date	Signature
Insured's name	d d m m y y y y	
Driver's name	d d m m y y y y	
Witness name	d d m m y y y y	
Witness name	d d m m y y y y	

←
 Sign here
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Thank you
 Please send this form to: TOWER, PO Box 90347, Auckland 1142
 Thank you for completing your claim. You will be contacted shortly regarding the status of your claim.
 If you have any questions or need to update any information regarding your claim then please contact us on 0800 379 372.
 This information is held by TOWER at 22 Fanshawe Street, Auckland.