

# Motor Vehicle Insurance Claim Form – Non Theft



This form must be completed in full. If a question does not apply, please write "n/a"  
**IMPORTANT NOTE: Any Police Offence notice must accompany this claim form.**

## The Insured/Registered Owner

Client Number: \_\_\_\_\_

Full Name of the Insured: \_\_\_\_\_  
Private Address: \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Mobile: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Drivers Licence Type: Learner: ☐ Restricted: ☐ Full: ☐ International: ☐ Which Country? \_\_\_\_\_  
Licence Class: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

## Your Vehicle – Details

Make & Model of Vehicle: \_\_\_\_\_ Year of Vehicle: \_\_\_\_\_ Registration Number: \_\_\_\_\_  
At the time of the incident, for what purpose was the Vehicle being used? Private: \_\_\_\_\_ Work/Bus: \_\_\_\_\_ Other: \_\_\_\_\_  
Is the Vehicle in any way under Mortgage, Bill of Sale or Hire Purchase Agreement? Yes ☐ No ☐  
If so, please give particulars: \_\_\_\_\_  
Modifications since Manufacture: \_\_\_\_\_  
Was the Vehicle in an undamaged and safe condition prior to the incident? Yes ☐ No ☐  
Warrant of fitness current to: \_\_\_\_\_ Issued by: \_\_\_\_\_

## Your Vehicle – Driver Details

Name of the person in control of the Vehicle at the time of the theft: \_\_\_\_\_  
Age: \_\_\_\_\_ Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Contact Phone Numbers: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
If the person in control of the Vehicle is **NOT** the Insured: \_\_\_\_\_  
a) Relationship to the Insured: \_\_\_\_\_ b) Was the Vehicle used with the Insured's authority? Yes ☐ No ☐  
c) Does the Driver personally own a private car? Yes ☐ No ☐ If Yes, then Make and Model of Vehicle: \_\_\_\_\_  
Registration of Vehicle: \_\_\_\_\_ Insurance Company: \_\_\_\_\_ Drivers Licence Number: \_\_\_\_\_  
Drivers Licence Type: Learner: ☐ Restricted: ☐ Full: ☐ International: ☐ Which Country? \_\_\_\_\_  
Licence Class: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

## Driver History (Both the driver's and the insured's details are required)

1. Have the Insured or Vehicle Driver ever had an insurance policy or renewal cancelled, declined or refused? Yes ☐ No ☐ Who \_\_\_\_\_
  2. Has any Insurer ever demanded an increase in premium or excess from the Insured or the Driver? Yes ☐ No ☐ Who \_\_\_\_\_
  3. Does the Insured or Vehicle Driver suffer from any physical defect, infirmity or disability? Yes ☐ No ☐ Who \_\_\_\_\_
  4. Have the Insured or Vehicle Driver ever been involved in a motor vehicle accident or made a claim? Yes ☐ No ☐ Who \_\_\_\_\_
  5. Have the Insured or Vehicle Driver ever been issued with a summons or convicted for any traffic or criminal offence? Yes ☐ No ☐ Who \_\_\_\_\_
  6. Have the Insured or Vehicle Driver ever had a driver licence suspended or cancelled? Yes ☐ No ☐ Who \_\_\_\_\_
- If you have answered Yes to any of the above questions, please give details:
- \_\_\_\_\_

## Your Vehicle – Usage

Please provide full details of the purpose of your journey including details of your point and time of departure and your destination.

## Your Vehicle – Passenger Details

Name	Age	Licence Type	Phone

## Incident Details – Driver Information

Within 12 hours before the incident had the driver:

a) Consumed intoxicating liquor? Yes ☐ No ☐ If Yes then type and how much: \_\_\_\_\_

b) Taken any drugs? Yes ☐ No ☐ Specify: \_\_\_\_\_

Did the Police or Traffic Officers attend? Yes ☐ No ☐ Name of Officer: \_\_\_\_\_

Was an offence notice issued? Yes ☐ No ☐ Which Office: \_\_\_\_\_

Is anyone to be prosecuted as a result? Yes ☐ No ☐ Who? (Names): \_\_\_\_\_

State the nature of the charge: \_\_\_\_\_ (and attach a copy)

Police Event reference number: \_\_\_\_\_

## Incident Details – Description

Time: \_\_\_\_\_ am/pm \_\_\_\_\_ Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_

Location (Street/s and Town) of incident: \_\_\_\_\_



Speed of Your Vehicle immediately prior to mishap: \_\_\_\_\_ Road Condition: \_\_\_\_\_

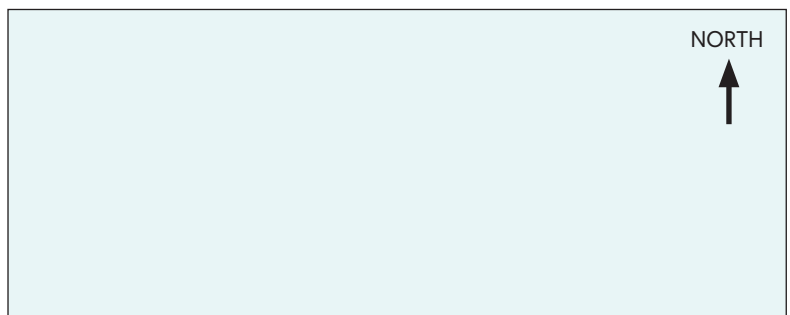
How did the incident occur?

Have you made an admission of liability? Yes ☐ No ☐

**Please draw a plan of the roadway where the incident occurred (use a separate sheet if necessary).**

### Directions

1. Name the streets
2. Show your vehicle... 
3. Show other vehicle... 
4. Indicate and lane markings  
**And/or traffic signs.**



### Witness Details

Name	Address	Phone

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## Incident Details – Damage to your Vehicle

What damage did your Vehicle sustain?

Was the Vehicle towed from the scene? Yes ☐ No ☐ If so, by whom? \_\_\_\_\_

Where is the Vehicle currently located? \_\_\_\_\_

Have you obtained an estimate for repairs? Yes ☐ No ☐ If so please send the estimate(s) to us with this claim form.

**Please note. You are not to authorise repair of the Insured Vehicle until the damage has been inspected and the estimated loss has been approved by Insure Direct or it's Underwriter and/or their Assessor.**

## Incident Details – Third Party Driver

Name and address of the Owner of the other Vehicle: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Name and address of the Driver of the other Vehicle: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Did the other Driver a) Make an admission of liability? Yes ☐ No ☐

b) Hold you responsible? Yes ☐ No ☐

## Incident Details – Third Party Vehicle

Make and Model of the other Vehicle: \_\_\_\_\_

Registration number of the other Vehicle: \_\_\_\_\_

Damage to the other Vehicle: \_\_\_\_\_

Damage to any other property: \_\_\_\_\_

Name and Branch of the Company with which the other Vehicle is Insured: \_\_\_\_\_

## Other Information

Please use this section to provide any other information that could be relevant to this claim.

If your claim is accepted and you wish to be paid direct into your account, please fill out details below:

Name of Account: \_\_\_\_\_

Bank Account Number:

## Statutory Declaration

I/We hereby declare the forgoing particulars to be true and correct and I/We undertake to provide any information requested and to render Insure Direct, their Underwriters or anyone appointed by them every assistance within My/Our power in dealing with the matter.

I/We give Tower permission (pursuant to the Privacy Act 1993) to disclose to and/or obtain from other parties, information to process my claim and for other insurance related purposes. This includes but is not limited to other insurance companies, the Insurance Claims Register, repairers or suppliers, and the New Zealand Police. For further information please refer to our Privacy Policy on our website.

I/We intend to claim indemnity under My/Our Insurance Certificate in respect of this incident.

I/We agree that any instructions given by Insure Direct, their Underwriters or anyone appointed by them for the repair or removal/disposal of the Vehicle will be taken as being on My/Our behalf.

I/We understand that the information provided on this claim form and any supporting documents are subject to the Contract of Insurance as detailed in the Insurance Schedule and Policy Wording.

Date: \_\_\_\_\_ Signature of the Insured: \_\_\_\_\_

Signature of the Driver: \_\_\_\_\_