



Insured's Details

Name: _____ Policy Number: _____
Contact Person: _____ Contact Phone: _____
Email: _____ Fax: _____
Address: _____ Insurer: _____
Preferred method of contact: _____

Driver Details

Driver's Name: _____ Date of Birth: _____
Contact Details: _____ Relationship: _____
Address: _____
Licence: Full Restricted Learner Class: _____
Licence Number: _____ Date Issued: _____ Version #: _____
Years licence held: _____ Country Issued: _____
In the past 5 years has the driver had their licence endorsed, cancelled or suspended?: Yes No
Details: _____

Accident Details

Vehicle Age: _____ Make: _____ Model: _____
WOF expiry: _____ Reg #: _____ Reg Exp: _____
When/Where did the accident occur?
Time: _____ Date: _____ Day: _____
Street: _____ Town: _____

What damage occurred?

For what purpose was the vehicle being used?

What were the conditions at the time of the accident:
 Fine Light Rain Overcast Sealed Road Wet Road Bright Sun Heavy Rain Gravel Road

Finance Details (if applicable): _____

General Questions (If Yes Provide Details)

Is there other insurance on the vehicle?

Yes

No

If yes, details _____

Has the vehicle been modified?

Yes

No

If yes, details _____

Is the vehicle currently mobile?

Yes

No

If yes, details _____

Where is the vehicle located?

Had the Driver taken Drugs or Alcohol within 12 hours prior to the Accident?

Yes

No

If yes, details _____

Have you (or the Driver) had any traffic or criminal convictions in the past 7 years?

Yes

No

If yes, details _____

Did you have any passengers in the vehicle at the time of the accident?

Yes

No

If yes, details _____

Did the Police attend the accident?

Yes

No

If yes, details _____

Did the other party admit liability?

Yes

No

If yes, details _____

Please provide full description of the accident:

Repairer Details

Note that Assessment and costs must be undertaken by insurer prior to the commencement of repairs

Name of repairer: _____ Phone #: _____
Address: _____ Estimated cost: _____

Third Party Details

Driver's name: _____ Phone #: _____
Driver's address: _____
Owner's name: _____ Phone #: _____
Owner's Address: _____
Vehicle Make: _____ Vehicle Model : _____
Reg #: _____ Colour: _____
Insurance details: _____
Damage to vehicle: _____
Witness Name: _____ Phone #: _____
Witness address: _____

Further Information or Comments

Declaration

Have you or your partner or anyone covered under this policy made any motor vehicle claims in the past three years? Yes No

Have you or your partner or anyone covered under this policy had insurance refused, cancelled, special terms imposed, renewal not offered or claim declined? Yes No

Have you or your partner or anyone covered under this policy had a criminal conviction that is not subject to the criminal records (Clean Slate) Act 2004? Yes No

I **declare** that to the best of my knowledge the details given in this claim form are true

I **undertake** to render assistance in connection with this claim

I **agree** that Wayne Grayson and Associates Ltd and the insurance company with whom I am insured may give to or obtain from the appropriate individuals and organisations information relevant to this claim. I agree that the insurance company with whom I am insured may give to or obtain from the ICR details relevant to my claim. (The Insurance Claims Register Ltd (ICR) holds details of claims under policies issued by participating insurers. Participating insurers can check details of your claims history at ICR.) Failure to provide full and correct details could result in your claim not being accepted by the insurer.

I have read and confirm that I understand the declaration

Name of Insured (person completing form): _____

Direct Credit Details

Account Name:

Bank

Branch

Account Number

Suffix

Submit

Clear Form

Note: the form submit button may not be supported in some pdf programs, please save and email form to claims@waynegrayson.co.nz