



**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](mailto:claims@waynegrayson.co.nz)