

# Claim form

## IMPORTANT NOTICE

**Please read the following before proceeding to complete this Claim Form**

Pursuant to the Privacy Act 2020 (NZ) ('Privacy Act') the following is brought to your attention:

- a. This claim form collects personal information about you;
- b. The information is collected to evaluate your claim;
- c. The intended recipient of the information is: The Insurers named and is being held by them or by their agent, DUAL New Zealand;
- d. The collection of this information is required pursuant to the terms of your insurance policy;
- e. The failure to provide this information may result in your claim being declined;
- f. You have rights of access to, and correction of, this information subject to the Privacy Act.

### Privacy Collection Statement

In this section, "we", "us" and "our" refer both to the Insurer and DUAL.

We are committed to protecting your privacy and complying with the Privacy Act 2020 (NZ) (Privacy Act). We use your information to assess the risk of providing you with insurance, provide quotations, issue policies and assess claims. We also use your information to administer any policies we have issued to you and may do so by mail or electronically, unless you tell us that you do not wish to receive electronic communications. If you do not provide us with full information, we may not be able to provide insurance or assess a claim. If you provide us with information about someone else, you must obtain their consent to do so. We may also provide your information to your broker and our contracted third-party service providers (e.g. claims management companies). If a recipient is not regulated by laws which protect your information in a way that is similar to the Privacy Act, we will take reasonable steps to ensure that they protect your information in the same way we do or seek your consent before disclosing your information to them. We do not trade, rent or sell your information. Our Privacy Policies contain more information about how to access and correct the information we hold about you and how to make a privacy related complaint, including how we will deal with it. By providing us with your personal information, you consent to its collection and use as outlined above and in our Privacy Policies.

Ask us for a copy of our Privacy Policy via email at [privacy@dualnewzealand.co.nz](mailto:privacy@dualnewzealand.co.nz) or access it via our [website](#). A copy of HDI Global Specialty SE – New Zealand's Privacy Policy, can be found via the following [link](#).

Due Date::

Excess:

Premium paid?

Yes

No

## Section 1 - The insured

Name of Insured:

Company:

Address:

Home phone:

Work phone:

Mobile phone:

Email:

## Section 2 - The insured vehicle

- |    |  |       |        |           |     |    |
|----|--|-------|--------|-----------|-----|----|
| 1. | Year:  | Make: | Model: | Rego No.: |     |    |
| 2. | Is the vehicle subject to a finance arrangement of any kind?                         |       |        |           | Yes | No |
|    | If YES, please provide details:  |       |        |           |     |    |
| 3. | Has the vehicle or engine been modified from the maker's standard specifications?    |       |        |           | Yes | No |
|    | If YES, please provide details:  |       |        |           |     |    |
| 4. | Is a special licence endorsement (besides class 1) required to operate this vehicle? |       |        |           | Yes | No |

If YES, please provide details:

- |    |   |     |    |
|----|---|-----|----|
| 5. | Is there any other insurance on the vehicle or accessories? | Yes | No |
|----|---|-----|----|

If YES, please provide details:

## Section 3 - Details of driver or person in charge

- |    |                                     |        |      |
|----|-------------------------------------|--------|------|
| 1. | What is the driver's date of birth: | Female | Male |
|----|-------------------------------------|--------|------|

- |    |   |     |    |
|----|---|-----|----|
| 2. | Was the driver (or person in charge when the accident happened) the person noted under Section 1? | Yes | No |
|----|---|-----|----|

If YES, please go to Section 4; if NO please answer questions 3-6

- |    |  |
|----|--|
| 3. | Full name of driver (or person in charge): |
|----|--|

Address:

Best contact phone:

Best time to contact:

- |    |                              |
|----|------------------------------|
| 4. | Relationship to the insured: |
|----|------------------------------|

Husband

Wife

Son

Daughter

Other (provide details):

- |    |  |     |    |
|----|--|-----|----|
| 5. | Did the driver have the owner's permission to use the vehicle? | Yes | No |
|----|--|-----|----|

- |    |   |     |    |
|----|---|-----|----|
| 6. | Does the driver have any motor vehicle insurance? | Yes | No |
|----|---|-----|----|

- |    |                                     |     |    |
|----|-------------------------------------|-----|----|
| 7. | Does the insured confirm ownership? | Yes | No |
|----|-------------------------------------|-----|----|

## Section 4 - Driver's history

- |    |  |     |    |
|----|--|-----|----|
| 1. | Has the driver ever been refused vehicle insurance or had a policy cancelled or not renewed?               | Yes | No |
| 2. | In the past five years has the driver:   |     |    |
| a. | been involved in a motor accident?   | Yes | No |
| b. | been convicted of a driving offence or issued with an offence or infringement notice (including speeding)? | Yes | No |
| c. | been disqualified from driving or had licence endorsed, cancelled or suspended?                            | Yes | No |

If YES was answered to any of the questions above, please provide details below:

## Section 5 - Driver's licence

Full name as it appears on driver's licence

Surname:

First name(s):

Date of birth (field 3 on licence):

Licence issue date (field 4a):

Licence expiry date (field 4b):

Full address as it appears on driver's licence (field 6):\*

\*This field is optional and may be blank on your licence

Driver's licence number (field 5a):

Licence version number (field 5b):

Licence classes/endorsements (field 7):

Classes/endorsements for conditions (field 9):

Was the driver licensed to drive this class of vehicle under the conditions endorsed?

Yes

No

1. Number: Classes: 1 2 3 4 5 6

2. Type:

Licence endorsements: P V I O D F R T W NIL

3. Date and country of issue:

## Section 6 - Details of accident

1. When did the accident happen? Day: Date: Time: AM PM

2. Where did it happen? (street and town):

3. What was the vehicle being used for?

4. Please provide full details of your journey:

5. Please provide full details of what happened:

If the insured vehicle was being driven when the accident happened:

6. What were the weather conditions at the time?

Rain

Overcast

Fog

Bright sun

Clear night

7. What were the road conditions at the time?

Sealed

Metal

Wet

Dry

Ice

8. What speed was the insured vehicle travelling at before braking?
9. Did the driver consume or use any alcoholic liquor, drug or intoxicating substance in the 12 hours before the accident? Yes No

If YES, please provide details:

What:

How much:

When:

10. Was the driver required to provide the police with a breath and/or blood sample? Yes No

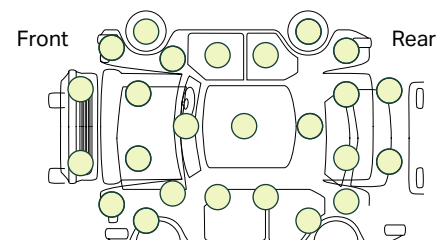
## Section 7 - Sketch plan of Accident

Please provide a sketch plan of the accident to show any:

- Street names
- Road markings
- Traffic signals
- Distances between vehicles
- Distances from kerb
- Road signs
- Traffic islands
- Direction of travel

## Section 8 - Damage to the insured vehicle

1. Please describe the damage to your vehicle and show it on the diagram:



2. Did the vehicle need to be towed? Yes No

Name of towing company:

3. Name of repairer: Telephone:

4. Address of repairer:

5. When to be taken to repairer: Repairer's estimate (if known): \$

## Section 9 - Other vehicle or property damaged

1. Other vehicle owned/driven by:

Address:

Telephone:

Insurer and branch:

Other vehicle:

Make:

Model: Rego No.:

Details of damage to other vehicle:

2. Details of damage to other property:

Owners name:

Address:

Telephone:

## Section 10 - Liability for the accident

1. Did anyone get hurt in the accident? Yes No

If YES, can you please advise who, their relationship to the driver and known extent of the injuries:

2. Who do you consider to be at fault?

3. What are your reasons?

4. Did anyone admit liability?

If YES, who:

5. Did the police attend the accident? Yes No

If YES, please give the officer's name and number:

6. Have the police laid or mentioned laying charges against the driver of your vehicle? Yes No

If YES, do you know what the charges are likely to be?

## Section 11 - Witnesses to the accident

Were there any witnesses? Yes No

If YES, please give details below:

1. Name:

Address:

Telephone:

Were they a passenger? Yes No

2. Name:

Address:

Telephone:

Were they a passenger? Yes No

**Note:** if there is any information you cannot give to us now, please mark the question and let us have it as soon as possible. If there is not enough room on this form, please attach a separate document.

Is a separate document attached? Yes No



# Declaration

**Note: Failure to provide full and truthful information could result in the Claim being declined.**

1. I/We agree to the Insurer or their agents DUAL disclosing my/our personal information regarding this claim to:
  - a. Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICR Ltd) P.O. Box 474, Wellington, where it may be retained and made available to other insurance companies to inspect.
  - b. Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.
  - c. I / We understand that I am/We are entitled to have certain rights of access to and correction of the personal information held by the Insurer and where provided to the ICR Ltd.
2. I/We agree to the Insurer acting through their agents DUAL obtaining personal information about me/us that is, in the Insurer's or DUAL's view, relevant to this claim.
  - a. From any other party including other members of the Insurance Industry and from Insurance Claims Register Ltd (ICR Ltd) Which may hold details of claims made by me/us under policies with other insurers.

All the information and answers (whether written or oral) given to the Insurer in connection with this claim are correct and that no information relevant to the claim has been omitted. I/We authorise the Insurer to act on my/our behalf.

Full Name of Policyholder:

If a company, state capacity:

Policyholder's Signature:

Date:

Full Name of Driver:

Driver's Signature:

Date:

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