

QBE Claim Form

MOTOR VEHICLE



Branch:

Policy Number:

Due Date:



Level 16, 23-29 Albert Street,
PO Box 44, Auckland
Phone: 00 64 9 366 9920

QBE INSURANCE (INTERNATIONAL) LTD
A Member of the QBE Insurance Group - Incorporated in N.S.W., Australia. A.C.N. 000 000 948

5.0.2.6.0300
QBE Motor Vehicle Claim Form

All questions must be answered, if not applicable, write "N/A"

CLIENT DETAILS

Insured name Occupation
 Address Private telephone
 Place of employment Business telephone

DRIVER DETAILS

Name of driver Date of birth
 Place of contact Telephone number
 Is the driver's licence current? Yes No
 Period licence held for this type of vehicle years months
 Type of Licence Full Restricted Learner
 If restricted or learner please advise restrictions that apply
 Licence number Date of issue Expiry date
 Has their drive's licence ever been endorsed or cancelled? Yes No
 Has the driver been involved in previous accidents over the past 3 years? Yes No
 Had the driver consumed any intoxicating liquor or taken any drugs during 12 hours prior to accident? Yes No
 If YES to any of the last 3 questions give full details
 If driver was other than the insured named above:
 Was vehicle being used with the insured's knowledge and consent? Yes No
 State relationship to Insured (eg wife, son, friend, employee, hirer)
 Does driver own his/her own vehicle? Yes No
 If YES, with whom is it insured? Branch

INSURED VEHICLE DETAILS

Make of vehicle Registration number
 Year of manufacture Date of expiry of Warrant of Fitness
 Issued by
 Details of any financial agreement covering the vehicle
 Details of any modification to the vehicle or engine



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PARTICULARS OF DAMAGE TO INSURED'S VEHICLE

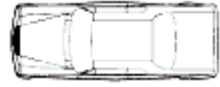
Where is the vehicle now? Shade area damaged by accident

Name of repairer

Telephone number

Address

When taken Repairer's estimate \$.....



USAGE

Journey from to

For what purpose was the vehicle being used?

PARTICULARS OF ACCIDENT

Date Time am pm

Weather Road conditions Speed Km/h MPH

Exact location of accident (street & town)

Describe fully how accident occurred

.....

.....

.....

.....

SKETCH

Indicate road and street names, state distance from curbside

AT THE SCENE

Did a Police Officer attend the accident? Yes No

If so, please state his name and number and where stationed

Was it alleged that anyone including the insured driver was under the influence of liquor or drugs? Yes No

If YES, who?

Was a breathalyzer or blood test taken? Yes No If YES, what was the result?

Was a written statement made to the Police Officer? Yes No



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RESPONSIBILITY FOR ACCIDENT

Do you consider yourself to blame?

Yes No

If NO, please advise name and address of person responsible and reasons why
.....
.....

DAMAGE TO THE OTHER VEHICLE OR PROPERTY

Owned by Telephone

Address

Name of insurers Branch

Other driver's name Telephone

Address

Make, type and model of other vehicle

Registration number

Particulars of damage to other vehicles

Particulars of damage to other property

Note: All written communications from other parties must be forwarded immediately to this company unanswered.

Give names, addresses and telephone numbers of any witnesses

(1) Name Telephone

Address

(2) Name Telephone

Address

DECLARATION

I/We declare that:

- (a) The information and answers given above are correct to the best of our/my knowledge and belief. I/We have not withheld any information likely to affect QBE's consideration of the claim;
- (b) I/We understand that QBE requires this information (which will be retained by QBE) to evaluate the claim. I/We understand that the Privacy Act 1993 entitles me/us to have access to and request the correction of the information;
- (c) QBE is authorised to disclose information contained herein to QBE's advisors, reinsurers and to other insurers. I/We authorise QBE to obtain, from any other party, information that is, in QBE's view relevant to this claim.

.....
Signature of driver

.....
Date

.....
Signature of insured

.....
Date



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