

Uninsured Third Party Claim Form



NAME

<p>(FIRST NAMES)</p>	<p>(SURNAME)</p>
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ADDRESS

<p>.....</p>

BUSINESS
ADDRESS

<p>.....</p>

PHONE NO.

<p>(PRIVATE)</p>

<p>(BUSINESS)</p>

1. Details of your vehicle:

Year..... Make..... Model..... Registration No.....

Pre-Accident Value \$.....

Licence Details: Licence No..... Type: LEARNER / RESTRICTED / FULL

2. Does a finance company or any other person have an interest in the vehicle? If YES, give details:

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3. Is there any insurance on the vehicle or accessories? Yes No If Yes, give details:

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4. What is the name and address of the driver of your vehicle?

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5. What is the name and address of the owner of your vehicle?

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6. When did the accident occur? Date..... Time.....am/pm

7. Where did the accident occur? Street.....

Town.....

8. Where is your vehicle at present?

9. What is the damage to your vehicle?

10. Did the driver of your vehicle consume any intoxicating liquor or take any drugs in the 12 hours prior to the accident?

Yes No If Yes, give details.....

11. Did a Police Officer attend? Yes No If Yes, give details:

(a) Name or Number..... (b) Station or Depot.....

12. Details of our Insured:

Name.....

Policy No..... Claim No.....

13. Details of our Insured's vehicle:

Year..... Make..... Model..... Registration No.....

14. State fully how the accident occurred:

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15. Who do you think is at fault and reasons why?

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SKETCH PLAN OF ACCIDENT:

I of
(FULL NAME) (ADDRESS)
(OCCUPATION)..... declare that all the information set out above is true and correct.

Signed..... Date.....

Privacy Act

The following is brought to your attention:

- (a) This form collects personal information about you;
- (b) This information is collected to determine whether our insured is legally liable to you, and if so, to enable liability to be settled;
- (c) The intended recipient of the information is NZI, a business division of IAG New Zealand Limited;
- (d) The information is being collected and held by NZI, Private Bag 92130, Auckland;
- (e) The failure to provide this information will result in our refusal to consider your claim against our insured;
- (f) You have rights of access to, and correction of, this information, subject to the Privacy Act 1993.