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## COMMERCIAL MOTOR VEHICLE CLAIM FORM

### YOUR DETAILS

Full name:		
Your address:		
Contact details:	Address	
Telephone:	(Work)	(Home)
	(Mobile)	(Email)

### PERSON DRIVING OR IN CHARGE OF VEHICLE

Full name		
Address		
Telephone:	(Work)	(Home)
	(Mobile)	(Email)
Date of birth	Occupation	
Relationship to policyholder?		
Is he or she the main driver of the vehicle?		Yes/No
Please give driver's licence type and number and its validity		
Has the driver had any previous accidents in the last five years? If <b>yes</b> , please provide details.		Yes/No
Has the driver ever been charged or convicted of any criminal convictions (including traffic offences, but not parking offences), or is the driver currently facing a prosecution? If <b>yes</b> , please list each offence or prosecution and each sentence received.		Yes/No

Has the driver had any medical condition that could affect his or her fitness as a driver (including but not limited to diabetes, epilepsy, heart conditions, physical or mental illness or disability)? If <b>yes</b> , please list full details.	Yes/No
Had the driver consumed alcohol, drugs or any intoxicating substance within 12 hours immediately before the accident? If <b>yes</b> , please list type, purpose and quantity.	Yes/No
Has the driver undergone a breath or blood test since the accident? If <b>yes</b> , please indicate result.	Yes/No

**VEHICLE DETAILS**

Vehicle registration number	
Warrant of fitness number	
Year of manufacture	
Make/model	
Date of purchase and purchase price	
CC rating	
Name and address of registered owner	
Is the vehicle the subject of any hire, lease or finance arrangement?	Yes/No
Has the vehicle been modified in any way?	Yes/No
Is there any other insurance on the vehicle or accessories?	Yes/No
<u>If you have answered <b>yes</b> to any of the above questions, please write full details below.</u>	
Was the vehicle being used with the policyholder's knowledge and permission?	Yes/No
If commercial vehicle, state nature and weight of goods carried	

**ACCIDENT DETAILS**

Please describe the circumstances of the accident.

What were the date, time and lighting conditions?

Where did the accident happen?

What were the weather conditions?

What were the road surface conditions?

What was the speed limit in the area of the accident, and what was your speed immediately before the accident?

Please draw a sketch of the accident (including lay-out of road, approximate measurements, names of streets and roads, position of vehicles and persons involved, direction of vehicles which were travelling, registration marks of all vehicle, any road markings, road signs, traffic lights, street lights, pedestrian crossings).

Did the Police attend the accident? If **yes**, please advise date reported/station/police file number.

Yes/no

Please list any witnesses (including passengers travelling in your vehicle) to the accident. (Include name, telephone number, address and where the witness was at the time of the accident.

If other vehicles were involved, have they made a claim against you? Please list name, address and telephone number of owner/driver, making and model of vehicle, registration number, any damage, and insurance held.	
Was there any other property damaged?	
Please give particulars of damage and estimated cost of repairs (if known) including any repair estimates obtained.	
Was there any un-repaired damage or rust in the vehicle before the accident? If <b>yes</b> , please describe.	Yes/No
Whom can we contact to make an appointment to inspect the vehicle?	

**YOUR PRIVACY**

We collect and receive your personal information in this claim form to consider your claim. We hold it. You have rights to access it, and correct it under the Privacy Act 1993.  
 You must provide your relevant personal information to us to comply with the Claims Conditions of this policy. If you fail to do so, we may decline your claim.  
 We obtain your authority below to transfer your relevant personal information to other members of the insurance industry (including Insurance Claims Register Limited), financially interested parties noted on your policy, and repairers.

**YOUR DECLARATION**

I declare that:

- 1 All information given to New India in connection with the claim is true.
- 2 No information relevant to the claim has been omitted.
- 3 I authorise:
  - 3.1 New India to disclose this information to:
    - 3.1.1 Other members of the insurance industry (including Insurance Claims Register Limited), and
    - 3.1.2 Financially interested parties noted on the policy, and
    - 3.1.3 Parties repairing or replacing your property.
  - 3.2 The disclosure of my personal information held by any other parties to New India for the purpose of considering and administering the claim.

Signed on behalf of all policyholders

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 Date / /