

Motor Vehicle Claim Form



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Email this form to: claims@pic.co.nz

Client Number: _____

Policy Number: _____

Insurance Company: _____

1. POLICY HOLDER

Name of Insured _____

Occupation _____

Contact Person _____

Telephone No. Landline (____) _____ Mobile (____) _____

Email _____

Address _____

2. BANK ACCOUNT DETAILS

If your claim is accepted and you wish to be paid directly into your bank account, please fill out the details below.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3. VEHICLE DETAILS

Year _____ Make _____

Model _____ Registration No. _____

Has the vehicle been modified in any way? Yes No

└─ Modification Details _____ Value \$ _____

4. INTERESTED PARTY

Is the vehicle being claimed for under a Financial Agreement? Yes No

Name of Financier _____

5. DRIVER'S DETAIL OR PERSON IN CHARGE AT THE TIME OF THE INCIDENT (to be completed even if vehicle was parked)

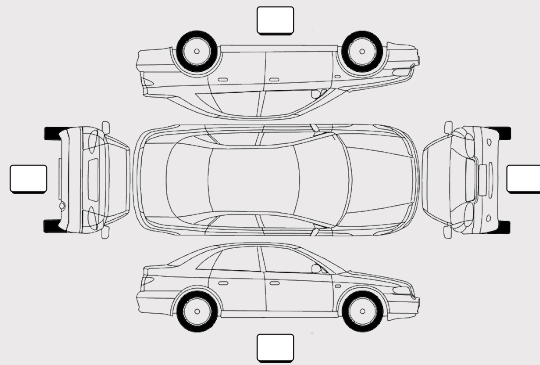
Driver's Name _____

Driver's Address _____

Telephone No. Landline (____) _____ Mobile (____) _____

Date of Birth _____ / _____ / _____ Licence No. (5a) _____ Class _____
D M Y

Damage: Describe the damage to your vehicle and use the check boxes around the diagram to indicate where the damage is.



Is the vehicle roadworthy and/or safe to drive?

Yes

No

Was the vehicle towed?

Yes

No

Who towed the vehicle? _____

Name of the Panel Beater/Repairer: _____

Location: _____

Phone () _____

7. POLICE

Have the Police been notified?

Yes

No

└─ Police Station _____

Reporting Officer _____

Police Report No. _____

Date Reported _____ / _____ / _____
D M Y

Did the Police attend the scene?

Yes

No

Were charges laid or indications made of further action?

Yes

No

└─ Give details (who and what) _____

8. INDEPENDENT WITNESSES

Were there any witnesses to the event?

Yes

No

Name _____

Address _____

Postcode _____

Telephone No. () _____

Where was the Witness when the accident occurred?

9. PASSENGERS IN YOUR VEHICLE

Name _____
Address _____

Postcode _____
Telephone No. (____) _____

10. THIRD PARTY DETAILS (Please complete the following if any other Vehicle/s were involved or other property damaged)

Registration No. _____
Owner's Name _____
Owner's Address _____

Postcode _____
Telephone No. Landline (____) _____ Mobile (____) _____
Driver's Name _____
Driver's Address _____

Postcode _____
Telephone No. Landline (____) _____ Mobile (____) _____
Describe the damage done to the other vehicle/property _____

Name of Other Party's Insurance Company _____
Policy No. and/or claim no. (if known) _____

If you have received any demands or notices from anyone, please submit with the claim form.

11. HISTORY

Have you or the driver had any insurance or renewal of insurance declined or cancelled or special conditions imposed in the last 5 years? Yes No

↳ Give details _____

Have you or the driver been convicted of, or had any fines or penalties imposed for any criminal offence? Yes No

↳ Give details _____

Have you or the driver had an accident or made a claim on a motor vehicle insurance policy in the last 5 years? Yes No

↳ Give details _____

Have you or the driver been convicted of, or had any fines or penalties imposed in the last 5 years for, any driving offence (such as speeding, traffic lights offence etc.)? Yes No

↳ Give details _____

12. PRIVACY

Pursuant to the Privacy Act 2020 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 Insurer named above (hereinafter called "the Company") and is being held by them at their head office.
- d. The collection of this information is required pursuant to the terms of your insurance policy.
- e. 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 provisions of the Privacy Act 2020.

13. DECLARATION

PLEASE NOTE: Failure to provide full and truthful information could result in the claim being declined

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld.

I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

I/We acknowledge that I/we have read and understood the Privacy Act 2020 information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval.

I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information your insurer will be unable to process my/our claim.

I/We agree to the Company disclosing my/our personal information regarding this claim to:

Parties who have financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.

Other parties including other members of the Insurance Industry and the database of the Insurance Claims Register (ICR Ltd)

PO Box 474, Wellington where it will be retained and made available to other insurance companies to inspect.

Signature of Insured _____

Name of Insured _____

Date _____ / _____ / _____
 D M Y

Signature of Driver _____

Name of Driver _____

Date _____ / _____ / _____
 D M Y

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