



Claim/Customer Ref:

Motor Vehicle Accident Claim Form

claims@clubauto.co.nz 0800 506 506

1.0 Insured's Details (Policy Owner)

First Name(s)

Surname

Date of Birth || d | d | m | m | y | y ||

Phone

Mobile

Email

Street Number

Street Name

Suburb

Town/City

1.1 Driver Of Your Vehicle

Who was driving your vehicle at the time?

☐ Myself ☐ Someone Else ☐ Nobody (vehicle unattended)

First Name(s)

Surname

Date of Birth || d | d | m | m | y | y ||

Phone

Mobile

Email

Driver license held at the time of the accident:

☐ Full ☐ Restricted ☐ Learner ☐ International ☐ NoneWas the license in full affect at the time of the accident? ☐ Yes ☐ No
I.e. was it suspended, breaching conditions etc. If no, why not?

What is the driver's relationship to the vehicle owner?

☐ I am the owner ☐ Other
If other please give detailsWas the vehicle being driven without the owner's knowledge and/or consent? ☐ Yes ☐ No
If no, why not?Had the driver taken any medication in the 24 hours prior to the accident? ☐ Yes ☐ No
If yes, give detailsHad alcohol and/or drugs been consumed by the driver in the 24 hours prior to the accident? ☐ Yes ☐ No
If yes, give details

1.2 Disclosure

In the last five years have you, the driver, person in charge or anyone covered by this policy:a) Had any accidents, damage, or theft, whether a claim was made or not (regardless of fault)? ☐ Yes ☐ No
If yes, give detailsb) Had a driver license endorsed, suspended, cancelled or disqualified? ☐ Yes ☐ No
If yes, give detailsc) been charged with, convicted of, or committed any driving or vehicle related offences (excluding parking)? ☐ Yes ☐ No
If yes, give detailsd) had motor vehicle insurance denied, cancelled, refused or special terms imposed? ☐ Yes ☐ No
If yes, give detailse) had any insurance claim declined? ☐ Yes ☐ No
If yes, give detailsf) been convicted of or committed any criminal offence (other than traffic or parking offences), have prosecutions or convictions pending, or been bankrupt or undergone a No Assets Procedure in the last 10 years? (Subject to the Criminal Records (Clean Slate) Act 2004) ☐ Yes ☐ No
If yes, give details

2.0 Insured Vehicle Details

Year	Reg no.	Make
Model	Sub-model	

Has the vehicle been modified in any way? ☐ Yes ☐ No
If yes, give detailsIs the vehicle certified for the modifications? ☐ N/A ☐ Yes ☐ No
If no, give detailsIs there any other insurance on the vehicle or accessories? ☐ Yes ☐ No
If yes, give detailsWas the WOF/COF current at the time? ☐ Yes ☐ No
If no, give detailsWas there any damage to the vehicle prior to this accident occurring (including mechanical)? ☐ Yes ☐ No
If yes, give detailsAre any Road User Charges up to date? ☐ N/A ☐ Yes ☐ No
If no, give details

Continue over leaf

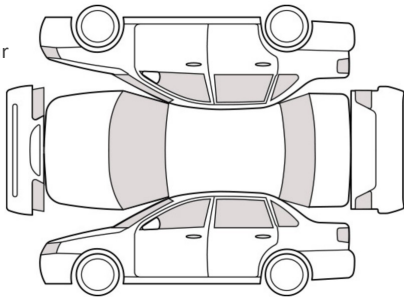
Is the vehicle subject to a finance arrangement of any kind? ☐ Yes ☐ No
If yes, give details

Does the vehicle ever get used as a work vehicle to earn ☐ Yes ☐ No
income? Examples include making deliveries, transporting paying passengers, or use as a work vehicle for real estate agents, tradespeople etc.
If yes, please provide information on what you usually use your vehicle for, and what you were using it for at the time of the loss

2.1 Damage To Your Vehicle

Is there any damage to your vehicle? ☐ Yes ☐ No
If yes, describe the damage

Please mark with an "X"
all areas damaged on your
vehicle in this accident



Is the vehicle drivable? ☐ Yes ☐ No

Where is the vehicle currently located?

Was the vehicle towed from the scene? ☐ Yes ☐ No
If yes, by whom?

Repairer's Details

You may find a repairer from our preferred repairer list here: <https://repairers.tower.co.nz/>

Repairer's phone

3.0 Third Party Damage

Did the accident cause any damage to other property? ☐ Yes ☐ No
(i.e. fences, walls, posts, etc.) If yes, give details

Were there any other vehicles involved in the accident? ☐ Yes ☐ No
(Vehicle 2) If no, move to section 4.0

Driver name

Street address

Suburb

Town/City

Phone

Email

Vehicle owner/company (if different from driver)

Make/model

Reg no.

Insurance company

Claim number

Is there any damage to their vehicle? ☐ Yes ☐ No
If yes, describe the damage

Was this third party known to you prior to the accident? ☐ Yes ☐ No
If yes, give details

Were there any other vehicles involved in the accident? ☐ Yes ☐ No
(Vehicle 3) If no, move to section 4.0

Driver name

Street address

Suburb

Town/City

Phone

Email

Vehicle owner/company (if different from driver)

Make/model

Reg no.

Insurance company

Claim number

Is there any damage to their vehicle? ☐ Yes ☐ No
If yes, describe the damage

Was this third party known to you prior to the accident? ☐ Yes ☐ No
If yes, give details

4.0 What Happened

Date || d | d | m | m | y | y || Time || h | h | m | m ||

Location/Address of accident

Where had you been

Where were you going

What speed were you going

Other vehicle speed (Vehicle 2)

Other vehicle speed (Vehicle 3)

Whom do you consider to be at fault (give reason)

Did either party admit liability? ☐ Yes ☐ No
If yes, which party?

Has anyone been charged with any offence ☐ Unknown ☐ Yes ☐ No
in connection with the accident? If yes, give details

What lighting conditions applied at the time of the accident?
☐ Dusk ☐ Dark ☐ Daylight ☐ Other

What weather conditions applied at the time of the accident?
☐ Fine ☐ Rain ☐ Overcast ☐ Other

Was the road Sealed or Metal?
☐ Sealed ☐ Metal ☐ Other

What were the road conditions at the time of the accident?
☐ Wet ☐ Ice/snow ☐ Dry ☐ Other

Were there any passengers in your vehicle at the time? ☐ Yes ☐ No

Passenger 1 (front seat) name

Address

Were there any additional passengers in your vehicle at the time? ☐ Yes ☐ No

Name 2 Phone

Name 3 Phone

Name 4 Phone

Were there any independent witnesses (not passengers of your vehicle)?
If yes, give details

Were there any other witnesses (not passengers of your vehicle)?
If yes, give details

Please provide us with a detailed description of what happened

Declaration (please read this carefully before signing)

Where any declaration is answered NO then further details will need to be provided below in the box headed "Exceptions to this Declaration".

I/We declare that:
All the statements in this claim form and any additional schedules are correct.
☐ Yes ☐ No

The motor vehicle and/or accessories are correctly described in this form and were lost, stolen or damaged under the circumstances described.
☐ Yes ☐ No

I/We have told Club Auto everything relevant to this claim.
☐ Yes ☐ No

I/We understand that:
Willful or reckless exaggeration or inflation of the amount claimed will forfeit the claim and may result in prosecution.

The personal information provided in this claim form is being collected by Club Auto or TOWER to enable them to evaluate my/our claim.

Exceptions to this declaration:

Description Continued

4.1 Police Details

Have the police been notified? ☐ Yes ☐ No
If no, move to section 5.0

On which date? || d | d | m | m | y | y ||

Police file/event number

Name of police officer

Did the police attend the scene? ☐ Yes ☐ No

5.0 Images

Please provide the following with your completed claim form:

- License photo (front and rear) for both the driver and insured person
- Scene photos
- Vehicle damage photos (including other party's vehicle or property)
- Anything else you consider relevant e.g. other party's license

I/We have certain right of access to and correction of the personal information provided by me/us on this claim form or in support of this claim, but if I/we do provide incorrect information, Club Auto or TOWER may be entitled to decline the claim whether or not it is later corrected.

If any of the property in this claim for which I/we have received payment is subsequently recovered I/we will notify Club Auto or TOWER immediately and return the property to Club Auto or TOWER or will refund Club Auto or TOWER the value of the recovered items.

I/We authorize Club Auto or TOWER to obtain personal information about me/us from any other party.

I/We authorise the New Zealand Police to release to Club Auto or TOWER copies of any or all documents held by the New Zealand Police relating to the incident giving rise to this claim and authorise Club Auto or TOWER to provide information about this claim and the insured to the New Zealand Police to assist with the police investigation. I/We consent to Club Auto or TOWER making a formal request pursuant to the Official Information Act 1982 if necessary

Signature

Before signing please ensure that you have answered all the questions and have read and understood the "declaration" above.

Insured's Name || d | d | m | m | y | y || Signed

Driver's Name || d | d | m | m | y | y || Signed