

Full Name

Accident Statement & Diagram

Claim/Customer Ref:		claims@clubauto.co.nz 0800 506 506
Year	Reg No.	Date d d m m y y
Make	Model	Time h h m m
Name	Ph.	Email
Please provide us with a detailed sequence of events, along with your explanation of who you believe is responsible.		
Please provide a detailed sketch diagram of the accident. Please mark your car as "A"		
Signature		
Before signing please ensure that you have answered all the questions . This should be completed by the driver of the vehicle.		