

Multiple vehicle claim form



Client number if known

1 POLICY HOLDER DETAILS

Client name

Address

Preferred contact number

Email address

Do you have the Rothbury App? Y N

Vehicle make

Model

Year

Registration number

Has the vehicle been modified? Y N

Does the vehicle have a current Warrant of Fitness? Y N

Was the vehicle being driven with the owner's consent? Y N

Who would you like us to communicate with regarding your claim
If different from above:

Preferred contact name

Relationship

Contact number

Email address

Please turn on notifications to receive claim updates via the app.

Is there any finance on the vehicle or accessories? Y N

Please provide details

Is there any other Insurance on the vehicle or accessories? Y N

Please provide details

2 DRIVER INFORMATION

Driver's name

Address

Contact number

Date of birth

Relationship to Policyholder

Are they the main driver of this vehicle? Y N

Do they own a vehicle? Y N

Do they hold vehicle insurance? Y N

With who?

Were the police involved? Y N

File number

Was a breathalyser/blood test taken? Y N

What was the outcome?

Were there any passengers in the vehicle? Y N

Passenger name

Phone number

What kind of current Driver's Licence do they hold?

Learners Restricted Full

Licence number

Version number

Class

Issue date

Expiry date

Have they had any convictions in the last seven years
(excl parking)? Y N

Have they had any accidents, loss or claims with any
motor vehicle in the last five years? Y N

Was there any alcohol/drugs taken by the driver
24 hrs prior to the incident? Y N

Details

Passenger name

Phone number

Were there any witnesses? Y N

Witness name

Phone number

Witness name

Phone number

Please turn over.

3 DETAILS OF INCIDENT

What happened?

Date of incident

Time

Where did it happen?

What was the speed limit in place?

What speed was the vehicle travelling?

What were the weather conditions like?

Fine Raining Fog Windy Overcast

Who is your chosen repairer?

Name

Were any other vehicle/s involved? Y N

Vehicle make

Model

Year

Registration number

Driver's name

Address

What were the road conditions like?

Sealed Unsealed Dry Wet

Did anyone suffer injuries?

Y N

If yes, please provide details

Describe the damage to the vehicle

Was there any other property damaged, e.g fences, posts Y N

If yes, please provide details

Where is the vehicle now?

Address

Phone number

Repair estimate

Phone number

Email

Description of their damage

Owner's details (if different from driver)

Insurer's name

Claim/policy number

4 DECLARATION

I/We

1. Declare that to the best of my/our knowledge the information provided in support of the claim is correct and complete in all ways and there is no further information relevant to the claim.

Please Note: The collection of this information is required under the terms of your policy in order for the claim to be evaluated. Failure to provide complete and correct information may result in the claim being declined.

2. Agree to provide any further information that may be required;
3. Authorise the disclosure and obtaining, of my/our personal information in respect of this claim, to and from parties including

I have read and understand the above declaration

Insured name

Date

Insurers, intermediaries and other members of the Insurance Industry, the insurance Claims Register PO Box 474, Wellington (where information is retained and made available to other insurers), and other parties relevant to your claim including those with a financial or commercial interest in, and/or involved in the repairing or replacing of, the subject matter of the claim.

4. Understand I/we have certain rights of access to and correction of my/our personal information pursuant to the Privacy Act 1993; and
5. All information collected will be held by Target Insurance, 188 Quay Street, Auckland and/or the Insurer.

I have read and understand the above declaration

Driver name

Date

DIRECT CREDIT AUTHORITY

If you would like any payment due to be paid direct to a bank account, please provide your account details:

Name of Account

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BANK	BRANCH	ACCOUNT NUMBER										SUFFIX							

FOR OFFICE USE ONLY

INSURER

POLICY NUMBER

NAME OF TARGET INSURANCE STAFF
MEMBER COMPLETING FORM