

Motor Vehicle Claim Form

This form collects personal information about you so that the insurer can evaluate your claim. Failure to provide this information may result in your claim being declined. The collection of this information is required as part of the terms of your insurance policy. It will be held by, Marble Insurance and the insurer who received your claim. You have the rights of access to and correction of this information subject to the provisions of the Privacy Act 2020. Click [here](#) to view our full Privacy Policy.

Policy Holder Details

Insured Name Or Company Details

Insured Name:

Policy Number:

Contact Person:

Email:

Was this vehicle damaged?

Insured Vehicle

Year:

Make:

Model:

Registration Number:

Repairer:

At the time of the accident was the vehicle being used for business or carrying any goods?

If 'Yes', please provide full details:

Driver Details

Name:

Date Of Birth:

Address:

City:

Post Code:

Phone:

Email:

Type Of Licence:

Driver Licence Number:

Driver Licence Version:

Are you the policy holder?

If 'No' what is your relationship to the policy holder?

If 'No' was the vehicle being driven with the owners consent?

In the past five years has the driver:

- Had any losses / incidents involving damage or theft of a vehicle (excluding glass)?
- Been disqualified from driving or had licence suspended or cancelled?
- Been convicted of any offense other than parking?
- Has the driver had any insurance refused, cancelled, special terms imposed or had a claim declined in the last five (5) years?

If 'Yes' to any of the above questions please provide details below:

Incident Details

Date & Time:

Address Of Incident:

City:

Post Code:

Were any of the following traffic controls present at the scene of the accident?

- Stop sign?
- Give-way sign?
- Traffic lights?

If 'Yes', were they in your favour?

Was the road wet at the time of the accident?

Please describe how the accident occurred?

Who do you believe was at fault, and why?

Third-Party Damage

Were any other vehicles or property involved in the accident?

Name of Driver / Owner of the other vehicle or property?

Address:

City:

Postal Code:

Phone Number:

Type Of Vehicle:

There insurance company details:

Authorities & Witnesses

Was the accident reported to the Police?

Was any intoxicating liquor and/or drugs (prescribed or otherwise) consumed by the driver in the 12 hours prior to the accident?

If 'Yes', please provide details (including time, volume/quantity and place of consumption):

Was a breathalyzer, blood test or any other test requested?

If 'Yes', what was the result?

Were there any other passengers in your vehicle or any other witnesses?

If 'Yes' provide the Name, Phone Number and Email details below.

Passenger One:

Passenger Two:

Witness One:

Witness Two:

Declaration

I/We declare that to the best of my knowledge the details provided in this claim form are true. I/We have not withheld any information likely to affect the insurers consideration of the claim.

I/We agree to Marble Insurance Limited and the Insurance Company (and/or their agent) with whom I am insured may disclose my/our personal information regarding this claim to:

- a. Other parties including other members of the Insurance Industry and the data base 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.
- b. Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.
- c. I/We understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by Marble Insurance Limited and the Insurer and ICR Ltd.
- d. I/We understand that my/our personal information may be provided to overseas third party service providers and/ or Insurers who may use this information either on our behalf or otherwise to process and evaluate the claim.

I/We agree to Marble Insurance Limited and the Insurer obtaining personal information about me/us that is, in their view, relevant to this claim.

From any other party including other members of the Insurance Industry and from Insurance Claims Register Ltd (ICR) which holds details of claims made by me/us under policies with other insurers.

All information and answers (whether written or oral) given to Marble Insurance Limited and the Insurance Company in connection with this claim are correct and that no information relevant to the claim has been omitted. I/We authorise Marble Insurance Limited and the Insurance Company to act on my/our behalf.

Declaration Signed By:

Name:

Position:

Date & Time:

Signature: