



# Uninsured Third Party Claim Form

## Uninsured third party

Full name: \_\_\_\_\_

### POSTAL ADDRESS

Number/Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Town/City: \_\_\_\_\_

### BUSINESS ADDRESS

Number/Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Town/City: \_\_\_\_\_

Email Address: \_\_\_\_\_

### PHONE NUMBERS

Private: \_\_\_\_\_ Business: \_\_\_\_\_

### DETAILS OF YOUR VEHICLE

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Reg. No. 

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Pre-Accident Value \$ \_\_\_\_\_

### LICENCE DETAILS

Licence Number: \_\_\_\_\_ Type Learner  Restricted  Full

1. Does a finance company or any other person have an interest in the vehicle? Yes  No

If 'Yes', please give details

\_\_\_\_\_

2. Is there any insurance on the vehicle or accessories? Yes  No

If 'Yes', please give details

\_\_\_\_\_

3. What is the name and address of the driver of your vehicle?

\_\_\_\_\_

4. What is the name and address of the owner of your vehicle?

\_\_\_\_\_

5. When did the accident occur?

Date: \_\_\_\_\_ Time: \_\_\_\_\_

6. Where did the accident occur?

Number/Street \_\_\_\_\_

Suburb: \_\_\_\_\_ Town/City: \_\_\_\_\_

7. Where is your vehicle at present?

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8. What repairer would you like to use?

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9. What is the damage to your vehicle?

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10. Did the driver of your vehicle consume any intoxicating liquor or take any drugs in the 12 hours prior to the accident?

If 'Yes', please give details

Yes  No

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11. Did a Police Officer attend?

Yes  No

If 'Yes', please give details

(a) Name or Number: \_\_\_\_\_ (b) Station or Depot: \_\_\_\_\_

12. Details of the our Insured

Name: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Claim No.: \_\_\_\_\_

13. Details of our Insured's vehicle

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Reg. No. 

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14. State fully how the accident occurred

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15. Who do you think is at fault and reasons why?

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### sketch plan of accident

Please show any:

- ▶ Street names
- ▶ Road markings
- ▶ Road signs
- ▶ Traffic signals
- ▶ Traffic islands
- ▶ Distances from kerb
- ▶ Distances between vehicles
- ▶ Direction of travel

### Bank account details

Bank Account Details:

### Declaration and signature

I \_\_\_\_\_ of \_\_\_\_\_  
(FULL NAME) (ADDRESS)

(OCCUPATION) \_\_\_\_\_ declare that all the information set out above is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### PRIVACY ACT

The following is brought to your attention:

- (a) This form collects personal information about you;
- (b) This information is collected to determine whether our insured is legally liable to you, and if so, to enable liability to be settled;
- (c) The intended recipient of the information is NZI, a business division of IAG New Zealand Limited;
- (d) The information is being collected and held by NZI, Private Bag 92130, Auckland;
- (e) The failure to provide this information will result in our refusal to consider your claim against our insured;
- (f) You have rights to access to, and correction of, this information, subject to the Privacy Act 1993.