Motor Vehicle Damage

Claim form

Mitsui Sumitomo Insurance Company, Limited
NZBN 9429039809810
NZFS Licence No.283534

Important notice

You must answer all questions honestly and fully. The issue of this claim form is not an admission of liability by Mitsui Smitomo Insurance Group

How to complete this form

- To help us process your claim quickly, you must answer all questions fully. If there is insufficient space, please use additional pages. If a question is not relevant to your situation, please write 'N/A'.
- If you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker Company		Individual	

A. Insured's details

1. Insured's name			
2. Policy number		**3.** Expiry date *(dd/mm/yyyy)*	
4. Address			
5. Phone Work		Mobile	
6. Email address			
7. Bank details (to be used for claims settlements)			
(a) Payee name			
(b) For payments into New Zealand accounts, please provide bank, branch and account numbers:			
.			
(c) For payment into overseas accounts, please provide the following:			
Bank		Branch	Country
Swift/sort code		Account number	

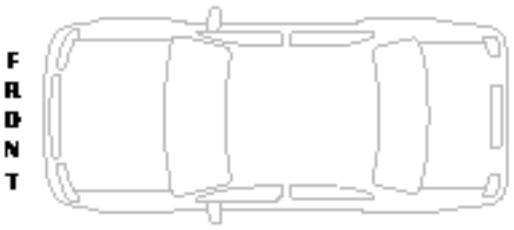
B. Driver details

1. Name of driver			
2. Date of birth *(dd/mm/yyyy)*			
3. Address			
4. Phone Work		Mobile	
5. Email address			
6. Is the driver's licence current?		Yes ☐	No ☐

B. Driver details

7.	Is it a New Zealand driver's licence?		Yes ☐ No ☐	
8.	Length of time that licence has been held for this type of vehicle.			
9.	What type of licence is it?	Full ☐	Restricted ☐	Learner ☐
10.	If restricted or learner, please provide details of any restrictions that apply.			
11.	Licence number			
12.	Date of issue *(dd/mm/yyyy)*		**13.** Expiry date *(dd/mm/yyyy)*	
14.	Licence card version number (This is 5B on a NZ driver's licence.)			
15.	Has the driver's licence ever been endorsed or cancelled?		Yes ☐ No ☐	
16.	Has the driver been involved in previous accidents in the past three years?		Yes ☐ No ☐	
	If *'Yes'*, to questions B15 and B16, please provide full details.			
17.	If the driver was not the insured:			
	(a) Was the vehicle being used with the insured's knowledge and consent?		Yes ☐ No ☐	
	(b) State relationship to insured (eg wife, son, friend, employee, hirer etc.)			
	(c) Does the driver own his/her own vehicle?		Yes ☐ No ☐	
	If *'Yes'*, with whom is it insured		Branch	

C. Insured vehicle

1.	Vehicle:	Make		
		Model		
		Year		
		Registration number		Please indicate damage area(s) by shading the diagram above.
2.	Repairer:			
3.	What arrangements have been made for MSIG to inspect the vehicle?			
	(a) At the repairer	Yes ☐	**(b)** Repairer to contact MSIG when vehicle is available	Yes ☐
	(c) Other			
4.	At the time of the accident was the vehicle being used for business or carrying any goods?		Yes ☐ No ☐	
	If *'Yes'*, please provide full details			

D. Accident details

1. When did the accident happen?

Day	Date *(dd/mm/yyyy)*		Time	am ☐	pm ☐

2. Please describe the exact location of where the accident occurred (street, intersections, town).

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

Stop sign Yes ☐ No ☐	Give-way sign Yes ☐ No ☐	Traffic lights Yes ☐ No ☐

If *'Yes'*, were they in your favour? Yes ☐ No ☐

4. Was the road wet at the time of the accident Yes ☐ No ☐

5. Were your vehicles headlights on? Full beam ☐ Dipped beam ☐ No ☐

6. Please describe how the accident occurred

7. Who do you believe was at fault, and why?

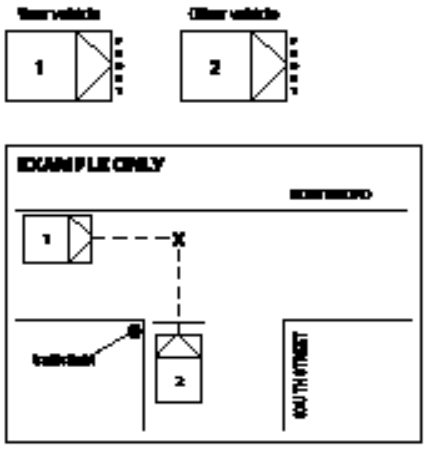
E. Sketch plan

1. Please provide a sketch, showing as clearly as you can?

(a) the direction you were travelling and position of each vehicle prior to the accident

(b) the place where impact took place - mark as '**X**'

(c) street names and location of traffic lights as Stop/Give-way signs.



F. Third-party damage

1.	Were any other vehicles involved in the accident?			Yes ☐	No ☐
	If *'Yes'*, please provide details below.				
2.	Third-party vehicle	Insurer			
		Make/model		Reg No.	
3.	Driver's	Name		Phone	
		Address			
		Email address			
4.	Owner's	Name		Phone	
		Address			
		Email address			

5. Please provide brief details of third-party vehicle damage as a result of the accident.

6. Was any other third-party damaged in this accident (eg fencing, poles etc)? Yes ☐ No ☐

If *'Yes'*, please provide details.

Description of property	Name and address of owner	Insurer (if any or known)

G. Authorities/witnesses

1. Was the accident reported to the Police? Yes ☐ No ☐

2. Was any intoxicating liquor and/or drugs (prescribed or otherwise) consumed by the driver in the 12 hours prior to the accident? Yes ☐ No ☐

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

3. Was a breathalyser, blood test or any other test requested? Yes ☐ No ☐

If *'Yes'*, what was the result?

4. Were there any other passengers in your vehicle or any other witnesses? Yes ☐ No ☐

If *'Yes'*, please provide the details below.

Passenger 1	Name		Phone	
	Address			
	Email address			

G. Authorities/witnesses

Passenger 2	Name		Phone	
	Address			
	Email address			
Witness 1	Name		Phone	
	Address			
	Email address			
Witness 2	Name		Phone	
	Address			
	Email address			

Declaration

Has this declaration been read to the insured? Yes ☐ No ☐ (A claim form may still be required)

(a) The information and answers given above are correct to the best of my/our knowledge and belief. I/We have not withheld any information likely to affect MSIG's consideration of the claim.

(b) If any personal information is provided, I/We understand that:

(i) This information will be collected, held, used and disclosed by MSIG (either in New Zealand or overseas) in order to issue, administer and manage products and provide services, including claims investigation and administration, and for data analytics. Further details are set out in MSIG's privacy policy available at https://www.msi-oceania.com/privacy.

(ii) If I/We do not provide the information requested, then MSIG may be unable to provide products or services.

(iii) Where I/we have provided someone else's personal information, I/We confirm that I/We have obtained their consent to do so. To request access to or correction of personal information, please see https://www.msi-oceania.com/privacy.

(c) MSIG is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise MSIG to obtain, from any other party, information that is, in MSIG's view, relevant to this claim.

Signed by applicant		Date *(dd/mm/yyyy)*	
Printed name		Phone	
Position		Mobile	
Email address			

We are a member of the Insurance Council of New Zealand and adhere to the Fair Insurance Code.
Further information on the Fair Insurance Code can be found at www.icnz.org.nz