

Motor Vehicle Damage

Uninsured Third Party Claim form



Important notice

You must answer all questions honestly and fully. The issue of this claim form is not an admission of liability by QBE Insurance (Australia) Limited (QBE).

Privacy Policy

Our Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. When we say personal information we may also mean sensitive information such as health information, criminal history or professional memberships that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things. We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy online, or obtain a copy by phoning us on (09) 366 9920 or emailing privacyofficer@qbe.co.nz.

We may share your information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of New Zealand.

By giving us personal information you consent to us collecting, disclosing, storing and using personal information in accordance with our Privacy Policy. If you give us someone else's personal information you confirm that you've obtained their consent to do so.

If you don't provide all of the personal information we've requested, we may be unable to issue, administer and manage products and provide services.

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 QBE, see our address below.

A. Your details

1. Your name			
4. Address			
5. Phone	Work	Mobile	
6. Email address			

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
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

B. Driver details

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. Your vehicle

1. Vehicle:

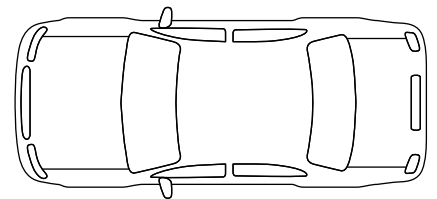
Make

Model

Year

Registration number

F
R
O
N
T



Please indicate damage area(s) by shading the diagram above.

2. Repairer:

3. What arrangements have been made for QBE to inspect the vehicle?

(a) At the repairer

Yes

(b) Repairer to contact QBE 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
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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
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If 'Yes', were they in your favour? Yes No

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

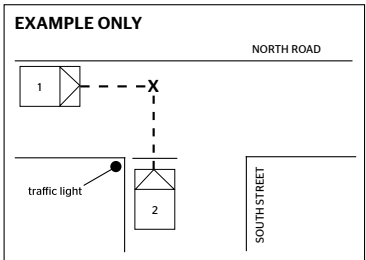
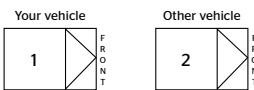
5. Were your vehicles headlights on? Full beam Dipped beam No

6. Please describe how the accident occurred

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

8. 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.



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? If 'Yes', please provide details (including time, volume/quantity and place of consumption).	Yes	No
3.	Was a breathalyser, blood test or any other test requested? If 'Yes', what was the result?	Yes	No
4.	Were there any other passengers in your vehicle or any other witnesses? If 'Yes', please provide the details below.	Yes	No
Passenger 1	Name	Phone	
	Address		
	Email address		
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 QBE'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 QBE (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 QBE's privacy policy available at www.qbe.com/nz/about-qbe/privacy-and-your-personal-information.
- (ii) If I/We do not provide the information requested, then QBE 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 www.qbe.com/nz/about-qbe/privacy-and-your-personal-information.
- (c) QBE is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise QBE to obtain, from any other party, information that is, in QBE's view, relevant to this claim.

Printed name	Signature of applicant
Occupation	Phone
Email address	Mobile
Declared at	Date (dd/mm/yyyy)
Witness name	Signature of witness

The above declaration must be **signed and stamped** in the presence of a Justice of the Peace or a Solicitor.
The issue of this form is not to be taken as an admission of liability.