



HERBERT INSURANCE
GROUP LIMITED

SHIELD COMMERCIAL ACCIDENT REPORT FORM

YOUR DETAILS

Policy No.		Claim Reference No.	
Name(s) in full (Joint if applicable)	First name/s	Surname	
1. Mr/Mrs/Miss/Ms/Other			
2. Mr/Mrs/Miss/Ms/Other			
Residential Address			
Postal Address (if different from above)			
Telephone – Private	()	Business	()
		Mobile	()

DRIVER DETAILS

Given Names:		Surname:	
Address:			
Date of Birth		Relationship to insured:	
Occupation:		Licence Number:	
Type of licence:		Classes covered:	
		Years held NZ licence:	

VEHICLE DETAILS

Make:		Model:		Type: Car, Van etc:	
Registration Number:		Year:		Cert of fitness:	
Gross Vehicle Weight					
Modified:	Yes	No	If Yes state details:		
Registered Owner of the Vehicle					
Name of any party with financial interest:					
1. Details of any intoxicating liquor or drug (prescribed or otherwise) taken by you in the 12 hours prior to the accident. (If none state nil)					
2. Detail all Traffic Offences including any Pending Traffic Offences (other than parking) incurred by you within the last 5 years. (If none state nil)					
Approx date	Offence(s)			Action	
3. Detail all motor accidents (other than windscreen breakage) that you have been involved in the last 5 years. (If none state nil)					
Approx Date	Details				
4. Did the Police attend the accident?					
			Yes	No	If Yes, give details below
Officers name & number	Station			Police Reference Number	
5. Is there any Police investigation Pending? Please provide details (If none state nil)					

6.	Was any person required to complete a blood/breath test?		Yes		No		If Yes, give details below
	Name	Type of test	Results				

PASSENGERS

Name:						
Address:						
Phone:	Home:		Business:		Extension:	
Name:						
Address:						
Phone:	Home:		Business:		Extension:	

INDEPENDENT WITNESSES

Name:						
Address:						
Phone:	Home:		Business:		Extension:	
Name:						
Address:						
Phone:	Home:		Business:		Extension:	

OTHER PARTY DETAILS

Name:						
Address:						
Phone:	Home:		Business:		Extension:	
Vehicle Details:	Make:		Model:		Registration:	
Details of Damage						
Insurance Co:						
Other Party Details:						

ACCIDENT DETAILS

Location: (e.g. street):		Suburb/Town:				
Time:		Date:		Day: ie: Monday		
Speed prior to braking:		Km.p.h	Approx speed on impact:		Km.p.h	
Speed Limit of the road on which the accident took place:						
Road surface sealed?		Weather:		Road surface condition:		
Where your headlights on and functioning?	Yes	No	If Yes,			
Who do you consider was responsible for the accident?						
If other state who:						
Purpose of the Journey:						
Why do you consider the other party to be at fault?						

