



HERBERT INSURANCE GROUP LIMITED

# SHIELD PRIVATE 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:        |  |
| Modified: Yes   | <input type="checkbox"/> | No     | <input type="checkbox"/> | 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 <input type="checkbox"/> No <input type="checkbox"/> If Yes, give details below                              |                          |        |                          |                         |  |
| Officers name & number  | Station                  |        |                          | Police Reference Number |  |
|   |                          |        |                          |                         |  |
| 5. Is there any Police investigation Pending? Please provide detail (If none state nil)   |                          |        |                          |                         |  |
|   |                          |        |                          |                         |  |
| 6. Was any person required to complete a blood/breath test? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give details below         |                          |        |                          |                         |  |
| Name  | Type of test             |        |                          | Results                 |  |
|   |                          |        |                          |                         |  |

Level 4, 1 Queen Street. PO Box 4040, Auckland, New Zealand Phone (09) 379 9757 Fax (09) 379 9767 Freephone: 0800 40 40 41 www.herbertinsurancegroup.com

### 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?       |     |          |                         |                         |        |  |
|   |     |          |                         |                         |        |  |
|   |     |          |                         |                         |        |  |

### HOW DID THE ACCIDENT OCCUR (DESCRIBE IN DETAIL):

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |



## PRIVACY ACT DECLARATION

Pursuant to the Privacy Act 1993 the following is brought to your attention

- a) This claim form collects personal information about you, which is being collected by your Insurer to evaluate your claim.
- b) The intended recipient is your current Insurer and a copy of this form is being held at Herbert Insurance Group Ltd Level 4, 1 Queen Street Auckland.
- c) This information is required under the terms of your insurance policy. Failure to provide it may result in your claim being declined.
- d) You have the right of access to, and correction of, this information, subject to the provisions of the Privacy Act 1993.

## GENERAL DECLARATION AND SIGNATURE

I/we declare that all particulars stated above are true and correct by virtue of the Oaths and Declarations Act 1957.

I/we agree that the Insurer shall have the authority to settle or deal with any claim made against me/us.

I/we authorise the disclosure of personal information held by other parties relating to this claim.

I/we agree to the Insurer releasing to other parties information regarding this claim

Insured's Signature

Print Name

Date