

This form collects personal information about you so we can consider your claim and update your insurances. It will be held by Monument Insurance (NZ) Limited who handles your claim. It may also be held by Lumley, a business division of IAG New Zealand Limited PO Box 2426, Auckland 1140. You may request access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

The collection of this information by Monument Insurance (NZ) Limited is required under the terms of your insurance policy.

Failure to provide this information may result in your claim being declined.

PERSONAL DETAILS

Insured Name:		Contact Phone:	
Email:		Facsimile:	
Address:			
Driver's Name:		Date of Birth:	
Email:		Relationship to Insured:	
Address:			
Licence:	<input type="checkbox"/> Full	<input type="checkbox"/> Restricted	Licence No:
		Classes:	

ACCIDENT DETAILS

1. Particulars of vehicle:	Year:	Make:	WOF Exp.
	Model:	Reg.No.	Reg.Exp.
2. When did accident occur?	Time:	am/pm	Date:
3. Where did accident occur?	Street:	Town:	
4. What is the damage to the vehicle?			
5. For what purpose was the vehicle being used?			
6. Finance Details:			
If the answer is "Yes" for questions 7 to 15 inclusive please supply full details.			
7. Is there other insurance on this vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8. Has the vehicle been modified in any way?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9. Is vehicle immobile? Where is it located?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10. Had you (or the driver) taken any alcohol or drugs within 12 hours prior to the accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11. Have you (or the driver) had any traffic or criminal convictions in the last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12. Did you have any passengers in your car? (if driver on learner or restricted licence - provide licence details of front passenger)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
13. Did the Police attend the accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14. Did anyone get hurt in the accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, can you please advise who and their relationship to the driver and known extent of the injuries?
15. Have the police laid or mention laying charges against the driver of your vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, do you know what the charges are likely to be?

16. Do you consider the accident to be the fault of any person other than yourself? Yes No

17. Did the other party admit liability? Yes No

18. State fully how the accident occurred:

19. Supply details of the driver of the other vehicle:	Name & Address		Phone Day & Night
20. Supply details of the owner of the other vehicle or property:	Name & Address		Phone Day & Night
21. Details of the other vehicle:	Make & Reg.No.		Model & Colour
22. Witness details:	Name & Address		Phone Day & Night

DECLARATION

I declare that to the best of my knowledge the details given in this claim form are true.
I undertake to render all possible assistance in connection with this claim.
I agree that Crombie Lockwood (NZ) Limited and Lumley, a business division of IAG New Zealand Limited with whom I am insured may give to or obtain from appropriate individuals or organisations information relevant to this claim.
I agree that the insurance company with whom I am insured may give to or obtain from ICR details of information relevant to this claim. (The Insurance Claims Register Ltd (ICR) holds details of claims under policies issued by participating insurers. Participating insurers can check details of your claims history on the ICR.)

All information supplied By _____ to _____ By phone on the _____

Signed: Insured _____ Signed: Driver _____
 Date: _____ Date: _____

Direct Credit Option:

Please complete Bank Account details below. Where applicable, payment will be made direct to your account.

Bank	Branch Number	Account Number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Name: <input type="text"/>			

Farm Cover Claims Team, PO Box 496, Wellington, 6140 claims@monument.co.nz

Please complete only if requested:

I _____ of _____ (Address)
 (occupation) _____ solemnly and sincerely declare that all the information set out above is true and correct and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signed: _____

Declared at _____ this _____ day of _____

Before me: _____
 Justice of the Peace / Solicitor of the High Court of New Zealand / Person authorised to take Statutory Declarations