

benchmark motor vehicle claim form

(Applicable for all vehicles including mobile plant)

Lumley General Insurance (N.Z.) Limited, Head Office, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland, New Zealand, Tel 09 308 1100, Fax 09 308 1112, A/hours 0800 801 210

Please indicate: **Incident only** (under excess, no third party damage/recovery) **Crash** (over excess, third party damage/recovery)

Insured details Full details of Insured/Owner

Insured(s) full name:	
Policy No:	Expiry date: / /
Company:	Branch:
Postal address:	Suburb/Town:
Contact name:	Position:
Telephone No: (h) (w)	(mob)
Email address:	Fax No:

Vehicle details Full details of insured vehicle

Year:	Make:	Model:	Reg No:	Fleet No:
Financially interested / leased?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details - company:				
Type of vehicle:	<input type="checkbox"/> Car <input type="checkbox"/> Ute <input type="checkbox"/> Van <input type="checkbox"/> Mobile plant (including agricultural plant) <input type="checkbox"/> Tractor unit <input type="checkbox"/> Truck			
If truck, please indicate what type of truck:	<input type="checkbox"/> Concrete <input type="checkbox"/> Logging <input type="checkbox"/> Curtainsider <input type="checkbox"/> Flat deck <input type="checkbox"/> Tanker <input type="checkbox"/> Tipper			
<input type="checkbox"/> Refrigerated <input type="checkbox"/> Other (specify) _____				
What type of load were you carrying on this trip?				

Trailer details Full details of insured trailer (if applicable)

Year:	Make:	Reg No:	Fleet No:
Financially interested / leased?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details - company:			
Trailer:	<input type="checkbox"/> Full <input type="checkbox"/> Semi <input type="checkbox"/> B-train		
Type of trailer:	<input type="checkbox"/> Concrete <input type="checkbox"/> Logging <input type="checkbox"/> Curtainsider <input type="checkbox"/> Flat deck <input type="checkbox"/> Tanker <input type="checkbox"/> Tipper <input type="checkbox"/> Refrigerated		
<input type="checkbox"/> Other (specify) _____			
What type of load were you carrying on this trip?			

Driver details Full details of insured driver or person in charge of insured vehicle at the time of accident or loss

Full name:	Date of birth: / /
Home address:	Suburb/town:
New Zealand licence: Yes <input type="checkbox"/> No <input type="checkbox"/>	Type: Learner <input type="checkbox"/> Restricted <input type="checkbox"/> Full <input type="checkbox"/>
Licence No:	Classes covered: Expiry date: / /
Driving experience: How long have you been driving this type of vehicle?	
<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10 years and over	
Do you have any NZQA unit standards or any other driver qualifications? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please give details:	
Have you previously been ARM profiled? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Relationship to insured	
<input type="checkbox"/> Insured/Owner/Director <input type="checkbox"/> Employee (full-time/part-time) <input type="checkbox"/> Relative (specify) _____	
<input type="checkbox"/> Employed by agency <input type="checkbox"/> Relief/Casual driver <input type="checkbox"/> Other (specify) _____	
For what purpose was the insured vehicle being used? <input type="checkbox"/> Business <input type="checkbox"/> Private	
Was the insured vehicle used with the knowledge of Insured? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If No, please give details:	

Driver details continued

Had you taken any intoxicating liquor and/or drugs (prescribed or otherwise) within the 12 hours prior to the accident? Yes No

If Yes, please give full details:

Have you ever been convicted of any traffic or criminal offences (other than parking) within the last five years? Yes No

If Yes, please give full details:

Approximate date:	Offence:	Court action:
/ /		
/ /		

Have you had any motor accidents or claims including theft (other than windscreen breakage) within the last five years? Yes No

If Yes, please give full details:

Approximate date:	Details:
/ /	
/ /	
/ /	

Accident/Loss details

Location (street): _____ **Suburb/town:** _____

Date: / / **Time:** am/pm **Day of week:** _____

Speed (kmph) prior to braking : _____ **Approximate speed (kmph) on impact:** _____

Road surface: Sealed Unsealed Dry Wet
Weather conditions: Fine Raining Strong winds Overcast Fog

Vehicle activity:
 Collided with obstruction Turning vs same direction Reversing Head on Hit animal
 Rear end Damaged whilst parked Lost control / left road Cornering Tipping
 Overtaking / lane change Right turn against traffic Other (please specify) _____

Was any warning (horn signals etc) given by any person? Yes No

If Yes, please give details:

Were your headlights switched on and functioning? Yes No

Do you consider the other driver was responsible for the accident? Yes No

If Yes, please give reasons:

Describe in detail how the accident occurred:

Details of damage or loss to insured vehicle (indicate where insured vehicle is damaged):

Frontal Bonnet Multiple sides Rear Driver's side
 Windscreen/windowglass Roof Passenger's side No damage
 Other (please specify) _____

Where can the insured vehicle be inspected?

Have you sent it to be repaired? Yes No

If Yes, please give name of repairer: _____ Contact phone: _____

Have you obtained an estimate for repairs? Yes No

If Yes, please advise amount of estimate: _____ Estimate \$ _____

Has Lumley Insurance been contacted regarding the loss and/or have we been given the opportunity of appointing an independent assessor or loss adjuster (if required)? Yes No

If Yes, please give details:

Sketch plan of accident Please refer to page five to assist with 'Type' and 'Movement' Classification (not required for Theft or Fire claims)

Indicate:

- Layout of road
- Position of vehicles on impact
- Road signs & markings
- Path vehicles travelled
- Other vehicles (Reg)
- Identify your vehicle

Accident movement classification: Using the diagrams provided, select the appropriate action to describe accident movement.

For example: if a **head on** collision on a **straight road**, select B/A.

Type: _____

Movement: _____

Loading plan How was your truck and/or trailer loaded and by whom

Loaded by: _____

Other property Full details of damage to other driver vehicle or property

Property or Vehicle owned by: _____

Vehicle make: _____

Model: _____

Reg No: _____

Driver's full name: _____

Contact address: _____

Suburb/town: _____

Contact telephone no: (h) _____

(w) _____

Their insurance company: _____

Branch: _____

Describe damage to other vehicle(s) or property: _____

Estimated cost of repairs to other party's property (if known): _____ \$

If more than one other vehicle involved in accident, please give details:

Other driver's full name: _____

Contact address: _____

Suburb/town: _____

Contact telephone no: (h) _____

(w) _____

Vehicle make: _____

Model: _____

Reg no: _____

Police report

Do the Police have knowledge of this incident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes , please give details: Name of officer:	Number:	
Address of station:		
Did the Police attend the scene of the accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did any driver undergo any test for alcohol or drugs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes , please give details:		
Name:	Address:	
Name:	Address:	
Have the Police issued a Notice of Intended Prosecution, or given any verbal warning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes , to whom and for what alleged offence?		
Name:	Offence:	
Name:	Offence:	

Further required particulars

Were there any passengers in insured vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name:	Address:	Telephone no:

Witnesses

It is important that names and addresses are obtained whether the driver considers him/herself to blame or not.

Name:	Address:	Telephone no:

Pursuant to the Privacy Act 1993

The following is brought to your attention:

- This claim form collects personal information about you;
- The information is collected to evaluate your claim;
- The intended recipient of the information is the Lumley General Insurance (N.Z.) Limited;
- The information is being collected and held by the Lumley General Insurance (N.Z.) Limited, PO Box 2426, Auckland;
- The collection of this information is required pursuant to the terms of your insurance policy;
- The failure to provide this information may result in your claim being declined;
- You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

Declaration:

I/We declare that:

The information given in this form to be correct.

I/We agree that, should there be any dispute over any payment of this claim, Lumley General Insurance (N.Z.) Limited shall be entitled to submit the dispute to arbitration.

I/We authorise and request the New Zealand Police to release to Lumley General Insurance (N.Z.) Limited copies of any or all documents held by the New Zealand Police relating to the incident giving rise to this claim. If necessary this authority should be treated as a formal request pursuant to the Official Information Act, 1982.

I /We authorise the disclosure of personal information held by any other party regarding this claim.

I/We agree to the Lumley General Insurance (N.Z.) Limited releasing to other parties personal information regarding this claim.

I/We authorise the Insurer or its authorised agent to give or obtain from other insurers or other parties any information relating to any insurance held or claim made.

Note: Failure to provide full and correct information could result in your claim not being accepted by Lumley General Insurance (N.Z.) Limited.

Signature (on behalf of the Insured):	Position:	Date: / /
Drivers signature:		Date: / /

Accident movement classification diagram (To assist with sketch plan 'Type' and 'Movement' classification)

KEY:

'TYPE' reads down – i.e. A = Overtaking and lane change; B = Head On; C = Lost control; D = Cornering etc

'MOVEMENT' reads across – i.e. A = Pulling out or changing lane to right; B = Head On etc

	TYPE	A	B	C	D	E	F	G	O
A	OVERTAKING AND LANE CHANGE	PULLING OUT OR CHANGING LANE TO RIGHT	HEAD ON	CUTTING IN OR CHANGING LANE TO LEFT	LOST CONTROL (OVERTAKING VEHICLE)	SIDE ROAD	LOST CONTROL (OVERTAKEN VEHICLE)	WEAVING IN HEAVY TRAFFIC	OTHER
B	HEAD ON	ON STRAIGHT	CUTTING CORNER	SWINGING WIDE	BOTH OR UNKNOWN	LOST CONTROL ON STRAIGHT	LOST CONTROL ON CURVE		OTHER
C	LOST CONTROL OR OFF ROAD (STRAIGHT ROADS)	OUT OF CONTROL ON ROADWAY	OFF ROADWAY TO LEFT	OFF ROADWAY TO RIGHT					OTHER
D	CORNERING	LOST CONTROL TURNING RIGHT	LOST CONTROL TURNING LEFT	MISSED INTERSECTION OR END OF ROAD					OTHER
E	COLLISION WITH OBSTRUCTION	PARKED VEHICLE	ACCIDENT OR BROKEN DOWN	NON VEHICULAR OBSTRUCTIONS (INCLUDING ANIMALS)	WORKMANS VEHICLE	OPENING DOOR			OTHER
F	REAR END	SLOW VEHICLE	CROSS TRAFFIC	PEDESTRIAN	QUEUE	SIGNALS	OTHER		OTHER
G	TURNING VERSUS SAME DIRECTION	REAR OF LEFT TURNING VEHICLE	LEFT SIDE SIDE SWIPE	STOPPED OR TURNING FROM LEFT SIDE	NEAR CENTRE LINE	OVERTAKING VEHICLE	TWO TURNING		OTHER
H	CROSSING (NO TURNS)	RIGHT ANGLE (70° TO 110°)							OTHER
J	CROSSING (VEHICLE TURNING)	RIGHT TURN RIGHT SIDE		TWO TURNING					OTHER
K	MERGING	LEFT TURN IN	RIGHT TURN IN	TWO TURNING					OTHER
L	RIGHT TURN AGAINST	STOPPED WAITING TO TURN	MAKING TURN						OTHER
M	MANOEUVRING	PARKING OR LEAVING	"U" TURN	"U" TURN	DRIVEWAY MANOEUVRE	PARKING OPPOSITE	ANGLE PARKING	REVERSING ALONG ROAD	OTHER
N	PEDESTRIANS CROSSING ROAD	LEFT SIDE	RIGHT SIDE	LEFT TURN LEFT SIDE	RIGHT TURN RIGHT SIDE	LEFT TURN RIGHT SIDE	RIGHT TURN LEFT SIDE	MANOEUVRING VEHICLE	OTHER
P	PEDESTRIANS OTHER	WALKING WITH TRAFFIC	WALKING FACING TRAFFIC	WALKING ON FOOTPATH	CHILD PLAYING (TRICYCLE)	ATTENDING TO VEHICLE	ENTERING OR LEAVING VEHICLE		OTHER
Q	MISCELLANEOUS	FELL WHILE BOARDING OR ALIGHTING	FELL FROM MOVING VEHICLE	TRAIN	PARKED VEHICLE RAN AWAY	EQUESTRIAN	FELL INSIDE VEHICLE	TRAILER OR LOAD	OTHER

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1 a) Type of accident _____ b) Movement classification _____

2 Is the vehicle sum insured noted on schedule? Yes No \$ _____

3 Policy deductible applicable: Standard (details) _____ \$ _____
 Single vehicle (details) _____ \$ _____