

UNINSURED THIRD PARTY CLAIM FORM



YOUR DUTY OF DISCLOSURE

You must tell us all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent underwriter whether or not to accept your application, and if it is accepted, on what terms and at what cost.

Examples of information you may need to disclose include:

- anything that increases the risk of an insurance claim;
- any criminal record;
- if another insurer has cancelled or refused to renew insurance, or has imposed special terms;
- any insurance claim you have made in the past.

Examples of information you do not need to disclose include:

- anything that reduces the risk of an insurance claim.
- anything we say you do not need to tell us about;
- anything that is common knowledge;
- anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. If you are not sure whether you need to disclose a particular piece of information, please ask.

WHEN IN DOUBT - DISCLOSE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY.

DETAILS OF APPLICANT(S)

First name	Surname	
Address	Street	
Suburb	Town/City	
Telephone	Mobile	Email
Address	Street	
Suburb	Town/City	
Telephone	Mobile	Email

DETAILS OF YOUR VEHICLE

Year	Make	Model	Registration No
Pre-Accident Value \$			
Licence Details	Licence No.	Type: Learner / Restricted / Full	
Does the finance company or any other person have an interest in the vehicle? If "Yes", give details.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any insurance on the vehicle or accessories? If "Yes", give details.			Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the name and address of the driver of your vehicle?			
What is the name and address of the owner of your vehicle?			
When did the accident occur?	Date	Time	am/pm
Where did the accident occur?	Street		
	Town/City		

SKETCH PLAN OF ACCIDENT BELOW

DECLARATION

I (Full Name)

of (Address)

(Occupation)

declare that all the information set out above is true and correct.

Signed

Date

PRIVACY ACT

The following is brought to your attention:

- (a) This form collects personal information about you;
- (b) This information is collected to determine whether our insured is legally liable to you, and if so, to enable liability to be settled;
- (c) The intended recipient of the information is NZI, a division of IAG New Zealand Limited;
- (d) The information is being collected and held by NZI, Private Bag 92 130, Auckland;
- (e) The failure to provide this information will result in our refusal to consider your claim against our insured;
- (f) You have rights of access to, and correction of, this information, subject to the Privacy Act 1993.