



Fast Trackinsurance Motor Vehicle Claim Form

FastTrack Insurance, PO Box 6981, Wellesley Street, Auckland 1141 Level 7, 110 Symonds St, Grafton, Auckland 1010 Phone 0800 722 369 Fax (09) 379 4267 Email claims@fasttrackinsurance.co.nz

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

- (a) This claim form collects personal information about you;
- (b) The information is collected to evaluate your claim;
- The intended recipient of the information is: The Insurer named below (Hereinafter called "the Company") and BrokerWeb Risk Services Ltd (Hereinafter called BWRS) and is being held by them at their offices
- (d) 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.

Policy Number:

Insurance Company:

ct telephone numbers: (Home) (Business)						
Bank Acc Details:						
Model:	Reg No:					
de details)						
YES NO						
YES NO						
insured vehicle	to be completed, even if parked).					
maarea vernere,	to be completed, even in painted,					
Rusiness:						
Access to the second	Number of years licence held:					
A CONTRACTOR OF THE PROPERTY O						
ence Classes: (Please List) Date & country of issue: Licence special conditions: (Please list)						
	YES NO (If No please provide details)					
	□ YES □ NO					
?	YES NO (If Yes please provide details)					
the following questi	ans places provide details)					
	YES NO					
<u> </u>	LITES LINO					
	YES NO					
suspended?	YES NO					
	Model: de details) YES NO YES NO insured vehicle, Business: Version number: Date & country of Licence special cor					

4. DETAILS OF ACCIDENT	1. 不整件不由 2. 数					
Date of accident:	Time:		□ AM □ PI	VI		
Location: (Street & Town)						
Weather conditions:	Bright Sun	Overcast	Rain	Fog	Clear Night	
Road conditions:	Sealed	Metal	Wet	Dry	☐ Ice	
What speed limit was in force?	What was yo	ur speed prior to	braking?			
Please state reason for journey:						
Please provide full details of accident:						
Who do you consider to be at fault?						
Did anyone get hurt in the accident?	☐ YES ☐ NO	(If Yes, can you ple	ease advise who an	d their relationship	to the driver	
and known extent of the injuries):			Res Black of the Control of the Cont			
Did the Police attend?		(If Yes please prov				
Have the Police laid or mentioned laying charges against the driver of your vehicle?	□ YES □ NO	(If Yes, do you kno	w what the charge	s are likely to be?):		
Did driver consume liquor and/or drugs within 12 hours prior to the accident?	☐ YES ☐ NO	(If Yes please prov	ide details)			
Was a breathalyzer or blood test done?	☐YES ☐ NO	(If Yes please prov	ide details)			
5. DAMAGE TO INSURED VEH	ICLE		7. SKE	TCH PLAN O	FACCIDENT	
Please describe damage to your vehicle & s						
Thouse describe damage to your vernice as	now on diagram.					
Have you obtained a quote? YES NO) (If Yes please advi	so ropairor bolow)				
	(II Tes pieuse auvi	se repairer below,	27			
Rep	oairer:					
FRONT						
Rep	pair estimate: \$					
6. OTHER VEHICLE OR PROPE	RTY DAMAGE	ED				
Driver/Owner of other vehicle or property:						
Address:						
Contact telephone No:		Ins	urance company:			
Details of vehicle/property: Registration No:						
8. PASSENGERS IN YOUR VEH	ICLE OR INDI	EPENDENT W	VITNESS			
Name:		Pas	senger/Witness:			
			Contact Telephone No:			
lame: Passenger/Witness:						
Address:		Contact Telephone No:				
DECLARATION: Note failure to provide full and truth 1. I/We agree to BWRS/The Company disclosing (a) Other parties including other members of the Insibe retained and made available to other insurance. (b) Parties who have a financial interest in the subject (c) I/We understand that I am/we are entitled to have 2. I/We agree to BWRS/The Company obtaining (a) From any other party including other members of the All the information and answers (whether written or or claim has been omitted. I/We authorize BWRS/The Company of the Company of the I/We authorize BWRS/The Company of the I/We authorize	my/our personal info urance Industry and the e companies to inspect matter of the policy ai e certain rights of accest personal information he Insurance Industry an ral) given to BWRS/The	rmation regarding the data base of the Inst. t. nd parties repairing of section of about me/us that is, defrom ICR Ltd which he Company in connection	nis claim to: urance Claims Registe r replacing the subjec f the personal informa in BWRS's view, reliateds details of claims re	at matter of the claim. The stion held by BWRS/The Evant to this claim. The by me/us under p	ne Company & ICR Ltd	
Policyholder's Signature:			D	ate:		
Driver's Signature:			Date:			