



#### 4. DETAILS OF ACCIDENT

Date of accident: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

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 your 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 please advise who and their relationship to the driver and known extent of the injuries): \_\_\_\_\_

Did the Police attend?  YES  NO (If Yes please provide incident reference)

Have the Police laid or mentioned laying charges against the driver of your vehicle?  YES  NO (If Yes, do you know what the charges are likely to be?): \_\_\_\_\_

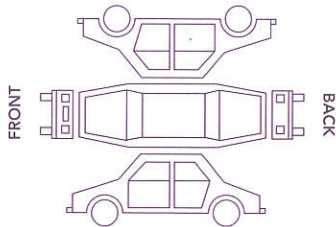
Did driver consume liquor and/or drugs within 12 hours prior to the accident?  YES  NO (If Yes please provide details)

Was a breathalyzer or blood test done?  YES  NO (If Yes please provide details)

#### 5. DAMAGE TO INSURED VEHICLE

Please describe damage to your vehicle & show on diagram: \_\_\_\_\_  
\_\_\_\_\_

Have you obtained a quote?  YES  NO (If Yes please advise repairer below)



Repairer: \_\_\_\_\_

Repair estimate: \$ \_\_\_\_\_

#### 7. SKETCH PLAN OF ACCIDENT

Blank area for sketch plan of accident.

#### 6. OTHER VEHICLE OR PROPERTY DAMAGED

Driver/Owner of other vehicle or property: \_\_\_\_\_

Address: \_\_\_\_\_

Contact telephone No: \_\_\_\_\_ Insurance company: \_\_\_\_\_

Details of vehicle/property: \_\_\_\_\_ Registration No: \_\_\_\_\_

#### 8. PASSENGERS IN YOUR VEHICLE OR INDEPENDENT WITNESS

Name: \_\_\_\_\_ Passenger/Witness: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Telephone No: \_\_\_\_\_

Name: \_\_\_\_\_ Passenger/Witness: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Telephone No: \_\_\_\_\_

**DECLARATION:** Note failure to provide full and truthful information could result in the claim being declined.

**1. I/We agree to BWRS/The Company disclosing my/our personal information regarding this claim to:**

(a) Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICR Ltd) PO Box 474, Wellington, where it will be retained and made available to other insurance companies to inspect.

(b) Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.

(c) I/We understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by BWRS/The Company & ICR Ltd

**2. I/We agree to BWRS/The Company obtaining personal information about me/us that is, in BWRS's view, relevant to this claim.**

(a) From any other party including other members of the Insurance Industry and from ICR Ltd which holds details of claims made by me/us under policies with other insurers.

All the information and answers (whether written or oral) given to BWRS/The Company in connection with this claim are correct and that no information relevant to the claim has been omitted. I/We authorize BWRS/The Company to act on my/our behalf.

**Policyholder's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Driver's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_