

# Motor Vehicle Claim Form

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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;  
(c) 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;  
(e) The failure to provide this information may result in your claim being declined;  
(f) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

**Policy Number:**

**Insurance Company:**

## 1. POLICYHOLDER DETAILS

**Full name:** (Company name if applicable)

**Address:**

**Contact telephone numbers:** (Home)

(Business)

**Email:**

**Bank Acc Details:**

## 2. INSURED VEHICLE

**Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Reg No:** \_\_\_\_\_

**Has the vehicle been modified in any way?** (If Yes please provide details)

**Name of any other party with financial interest in the vehicle:**

**Is there any other insurance on the vehicle or accessories?**  YES  NO

**Has the vehicle a current Warrant / Certificate of Fitness?**  YES  NO

## 3. DRIVER DETAILS (or person in charge of the insured vehicle, to be completed, even if parked)

**Full name** (Mr/Mrs/Miss/Ms/Dr):

**Private address:**

**Date of birth** / / **Occupation:**

**Telephone No private:**

**Business:**

**Driver Licence No:**

**Version number:**

**Number of years licence held:**

**Is Licence Full / Restricted / Learners:**

**Date & country of issue:**

**Licence Classes:** (Please List)

**Licence special conditions:** (Please list)

**Drivers relationship to policyholder:**

**Was the vehicle being driven with the owners consent?**  YES  NO (If No please provide details)

**Are you the main driver of the insured vehicle?**  YES  NO

**If not the policyholders do you have Motor Vehicle Insurance?**  YES  NO (If Yes please provide details)

**During the past 5 years, have you:** (If you answer Yes to any of the following questions, please provide details)

**(a) Been involved in a motor accident?**  YES  NO

**(b) Been convicted of any offence other than parking?**  YES  NO

**(c) Been disqualified from driving or had license cancelled or suspended?**  YES  NO

