



Commercial Motor Vehicle Claim Form



Commercial Motor Vehicle Claim Form

Please help us to help you by:

- + Completing all relevant questions in full as this can avoid the need for further enquiry and possible delay in settling your claim
- + Signing and dating page 6 of this form

Insurance fraud is a crime – please ensure all information is correct

Policy holder(s) details

Policy No:	Claim No (If Known):	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Full Name		
<input style="width: 95%;" type="text"/>		
Postal Address	Date of Birth (dd/mm/yyyy)	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Private Phone	Business Phone	Mobile
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Private Email	Business Email	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Occupation	Employer	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

Person driving or in charge of the vehicle

To be completed, even if parked.

Full Name		
<input style="width: 95%;" type="text"/>		
Postal Address		
<input style="width: 95%;" type="text"/>		
Private Phone	Business Phone	Mobile
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Private Email	Business Email	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Date of Birth (dd/mm/yyyy)	Relationship to Policyholder	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Occupation		
<input style="width: 95%;" type="text"/>		

Are they the main driver of the Insured vehicle?

Yes

No

If not the Policyholder, does the driver own a vehicle?

Yes

No

Insured with	Make/Model	Registration No

Has the driver had any other accident, loss or claim in connection with any vehicle during the past five years? Yes No

If YES, please give details. Include the date and circumstances of accident/loss.

Has the driver ever been charged or convicted of any criminal or motoring offence or received any traffic infringement notice? Yes No

If YES, please give details. Include offence code.

Has the driver's licence been cancelled, suspended or endorsed at any time? Yes No

If YES, please give details. Include penalty points.

Has the driver had any condition which could affect their fitness as a driver, e.g. diabetes, epilepsy, heart conditions, physical or mental illness or disability? Yes No

If YES, please give details. Include daily dose and drug name.

Within 12 hours before the accident, had the driver:

Consumed intoxicating liquor? Yes No

If YES, state quantity

Taken any drugs? Yes No

If YES, state type and purpose

Since the accident has the driver:

Undergone a breath test? Yes No

If YES, indicate result - POSITIVE / NEGATIVE

Undergone a blood test? Yes No

If YES, indicate official results

Insured vehicle

Registration No	Make/Model	CC rating
<input type="text"/>	<input type="text"/>	<input type="text"/>

W.O.F No	Expiry date	Issued by
<input type="text"/>	<input type="text"/>	<input type="text"/>

Year of manufacture	Date of purchase	Purchase price
<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>

Name of registered owner

Address of registered owner

Is the vehicle the subject of any hire, lease or finance agreement including hire purchase? Yes No

If YES, please give name and address.

Has the vehicle been modified in any way? Yes No

If YES, please give details.

Is there any other insurance on the vehicle or its accessories? Yes No

If YES, please give details.

Use of the Insured vehicle

Was the vehicle being used with the policyholder's knowledge and permission? Yes No

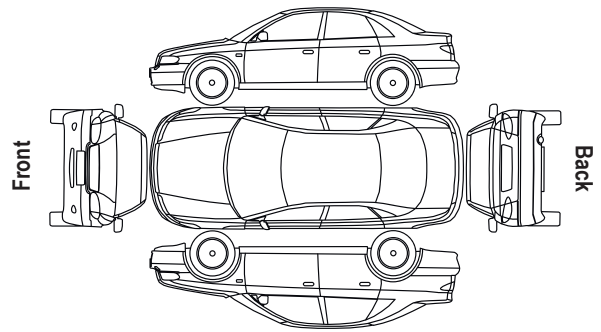
If NO, please give full details.

State the exact purpose for which the vehicle was being used at the time of the accident ("private" is not sufficient)

Damage to Insured vehicle

Give particulars of damage and estimated cost of repairs (if known)

Indicate damaged areas below:



Estimated cost of repairs

\$

Was there any unrepaired damage or rust in the vehicle immediately prior to the accident?

Yes

No

If YES, please advise where and what:

Name of repairer

Address of repairer

Phone Number

Is the vehicle still in use?

Yes

No

If NO, where is the vehicle now?

Who should we contact to make any appointments to inspect the vehicle?

Name

Address

Phone Number

Accident Details

What, in your opinion, caused the accident?

Time

AM

PM

Date (dd/mm/yyyy)

Location of accident (Street/Town/City)

Was it (tick one)

Daylight

Dusk

Dark

Weather

Fine

Bright Sun

Light Rain

Heavy Rain

Overcast

Fog

Conditions of road surface

Wet

Dry

Gravel

Seal

Other

Lighting on your vehicle

Not on

Park

Dip

Full

Lighting on third party vehicle

Not on

Park

Dip

Full

Was any street lighting switched on?

Yes

No

What speed limit was in force?

What was your speed?

Description of accident circumstances

Explanatory sketch

Please indicate the layout of road(s) and approximate measurements; names of street(s)/Road(s); position of vehicles and persons involved; the direction in which vehicles were travelling; the registration marks of all vehicles, where known; any road markings, road signs, traffic lights, street lights, pedestrian crossings.

Police

Was the accident reported to the police?

Yes

No

Did the police attend the scene of the accident?

Yes

No

If YES, name/number of officer and station:

Have the police issued a Notice of Intended Prosecution, or given any verbal warning?

Yes

No

If YES, to who and for what alleged offence?

Details of driver's licence

Licence number

Type of licence (learners / restricted / full)

For what class of driving is it valid

Issued by

Expiry date (dd/mm/yyyy)

Witnesses

Including all passengers travelling in your vehicle.

Name	Phone Number	Address	Where was the witness at the time of the accident?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other vehicles involved

Has a claim been made on you?

Yes

No

If no other vehicles were involved, please write "NONE"

Name / phone / address of owner/driver	Make / Model	Rego No.	Apparent damage	Insurers & Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other property damaged

Has a claim been made on you?

Yes

No

If no other vehicles were involved, please write "NONE"

Name, phone & address of owner	Description of property and apparent damage	Insurers & Policy No.

Declaration

I/We hereby declare that the foregoing particulars are true to the best of my/our knowledge and belief and

I/We undertake to assist the Company to the full dealing with the matter and undertake to supply such additional information as may be required by the Company.

I/We intend to claim indemnity under my/our policy in respect of this accident and authorise repairs to be commenced.

I/We agree that any instructions given by the Company for the repair of the vehicle will be taken as being given on my/our behalf.

I/We understand that:

- + The personal information provided in this claim form is being collected by TLC Insurance Limited to enable it to evaluate my/our claim.
- + I/We am/are required to co-operate with TLC Insurance Limited and provide this information and if I/We do not, TLC Insurance Limited may decline my/our claim.
- + I/We have certain rights of access to and correction of the personal information provided by me/us on this claim form or in support of this claim, but if I/We do provide any incorrect information, TLC Insurance Limited may be entitled to decline the claim whether or not it is later corrected.
- + I/We authorise TLC Insurance Limited to obtain personal information about me/us from any other party and to release that information to other parties if requested.

Signature of Insured

Signature of Operator

Date (dd/mm/yyyy)

Please Note:

1. It is essential that this form be returned with all questions fully answered at the earliest opportunity.
2. Do not reply to any communication received from a third party but forward such communication to us.
3. The Company's acceptance of this form duly completed must not be taken as an admission of liability.
4. **The making of false representation with a view to obtaining benefit under an insurance policy constitutes an offence under the crimes act of 1981. Every person who commits such an offence is liable to imprisonment for a term not exceeding seven years.**

I / We declare that where this claim form is completed in electronic form and submitted without a hand-written signature, the inclusion of a name in the signature panel shall be sufficient to acknowledge acceptance of these matters and shall be treated as the signature of the person named in the signature panel as the Insured, or the insured's duly authorised representative.



HEAD OFFICE

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