

Taxi claim form

ROTHBURY WILKINSON INSURANCE BROKERS LIMITED
LEVEL 9, SHAMROCK HOUSE, 81 MOLESWORTH STREET,
PO BOX 11641, WELLINGTON, NEW ZEALAND.
EMAIL: TAXIS@WILKINSONS.CO.NZ
TEL 04 903 4570, FAX 04 472 4570, CALL FREE 0800 801 422



FORM MT010

PLEASE ANSWER ALL QUESTIONS FULLY. IF THERE IS INSUFFICIENT SPACE, PLEASE PROVIDE FURTHER DETAILS ON YOUR LETTERHEAD.

INSURED DETAILS FULL DETAILS OF INSURED/OWNER

Insured/Owner

Home telephone

Postal address

Work telephone

Mobile telephone

Policy number

Expiry date

Email

VEHICLE DETAILS FULL DETAILS OF INSURED VEHICLE

Year

Registration no

Financially interested/leased:

Yes

No

Make

Model

If **yes**, please give details

DRIVER DETAILS FULL DETAILS OF INSURED DRIVER OR PERSON IN CHARGE OF INSURED VEHICLE AT THE TIME OF ACCIDENT OR LOSS

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

Had you taken any intoxicating liquor and/or drugs (prescribed or otherwise) within the 12 hours prior to the accident?

Yes No

If **yes**, please give details:

Date of birth

Home address

Have you ever been convicted of any traffic or criminal offences (other than parking) within the last five years?

Yes No

If **yes**, please give details:

New Zealand licence

Yes

No

Years licenced

Have you had any motor accidents or claims including theft (other than windscreen breakage) within the last five years?

Yes No

If **yes**, please give details:

Licence type:

Full Restricted Learners Licence version

Driver licence number

Classes covered

Expiry date

ACCIDENT/LOSS DETAILS

Location (street)

Day of week

Suburb/town

Do you consider the other driver was responsible for the accident?

Yes No

If **yes**, please give reasons:

Date

Time (am/pm)

POLICE REPORT

Do the Police have knowledge of this incident?

Yes No

If **yes**, please give details:

Name of officer

Number

Police file number

Did the Police attend the scene of the accident?

Yes No

FURTHER REQUIRED PARTICULARS

Were there any passengers in insured vehicle?

Yes No

If **yes**, please give name, address and daytime phone number:

Form with multiple horizontal lines for text entry.

WITNESSES

It is important that names and addresses are obtained whether the driver considers him/herself to blame or not.

Please give name, address and daytime phone number of any witnesses:

Form with multiple horizontal lines for text entry.

Witness mobile number

Form with one horizontal line for text entry.

PURSUANT TO THE PRIVACY ACT 1993

The following is brought to your attention:

- (a) This claim form collects personal information about you;
- (b) The collection of this information is required pursuant to the terms of your insurance policy;
- (c) The information is collected to evaluate your claim;
- (d) The failure to provide this information may result in your claim being declined;
- (e) The intended recipient of the information is Lumley General Insurance (N.Z.) Limited ('Lumley') (P.O. Box 2426 Auckland);

- (f) Lumley may pass your personal information on to Insurance Claims Register Limited ('ICR') (C/- P.O. Box 2426 Auckland) for inclusion in the Insurance Claims Register, for general claims and underwriting purposes;
- (g) You acknowledge that any ICR participant may access this personal information by way of enquiry to the ICR.
- (h) You have the right of access to and correction of this information in accordance with the Privacy Act 1993.

DECLARATION

I/We declare that:

The information given in this form to be correct.

I/We agree that, should there be any dispute over any payment of this claim, Lumley General Insurance (N.Z.) Limited shall be entitled to submit the dispute to arbitration.

I/We authorise and request the New Zealand Police to release to Lumley General Insurance (N.Z.) Limited copies of any or all documents held by the New Zealand Police relating to the incident giving rise to this claim. If necessary this authority should be treated as a formal request pursuant to the Official Information Act, 1982.

I /We authorise the disclosure of personal information held by any other party regarding this claim.

I/We agree to the Lumley General Insurance (N.Z.) Limited releasing to other parties personal information regarding this claim.

I/We authorise the Insurer or its authorised agent to give or obtain from other insurers or other parties any information relating to any insurance held or claim made.

Note: Failure to provide full and correct information could result in your claim not being accepted by Lumley General Insurance (N.Z.) Limited

Signature insured/owner:

Date

Form with two horizontal lines for signature and date.

Driver's signature (if different from above):

Date

Form with two horizontal lines for signature and date.