

Vehicle Claim Form



How to complete this form

Option 1 Type the details directly into the form, save and print. **Don't forget to sign it!**

Option 2 Save and print out the form and complete by hand.

Once completed the form can then be scanned and emailed to your broker, or directly to claims@ando.co.nz

Policyholder name

Company name

OR

Title

First name

Last name

Contact details of the person completing this claim form

Title*

First name*

Last name*

Mobile*

Work phone

Email address*

Role*

(e.g. broker or owner)

Driver's details or person in charge

Title*

First name*

Last name*

DOB*

Mobile*

Work phone

Drivers licence number*

Licence version number*

Expiry date*

In the last three years has the driver, person in charge or anyone covered by this policy:

a) had any losses/incidents involving damage or theft of a vehicle (excluding glass)

Yes

No

b) had a driving license suspended or cancelled?

Yes

No

Has the driver or person in charge had any insurance refused, cancelled, special terms imposed, renewal not offered or a claim declined in the last five years?

Yes

No

Has the driver or person in charge had any criminal convictions not subject to the Criminal Records (Clean Slate) Act 2004?

Yes

No

Driver's details or person in charge cont.

If you answered 'Yes' to any of the above questions, please provide details below

Incident details

Date of incident* Time of incident* Vehicle make* Vehicle model*

Vehicle registration number* (If vehicle does not have a registration number please provide description.)

Incident location*

Please advise what happened and the details of the damage.*

Do you have a preferred repairer?

Were the police notified?* Yes No Was the incident your fault?* Yes No Did the other party admit liability?* Yes No

Did the driver consume or use any alcoholic liquor, drug or intoxicating substance in the 12 hours before the accident? Yes No

Third party details if applicable (Only complete this section if there was another party involved.)

Title First name Last name

Mobile Work phone

Email address

Third party insurer Third party vehicle registration number

Third party property damage

Please note:

- Ando Insurance Group does not admit liability by the issue of this form.
- Any occurrence or claim must be notified to Ando Insurance Group immediately.
- You must not incur any expenses without the written consent of Ando Insurance Group.
- You must not make any admission of liability, offer of settlement, promise or payment without the written consent of Ando Insurance Group.
- Failure to provide full and correct information could result in your claim not being accepted by Ando Insurance Group.
- Please retain damaged goods in case inspection is required.
- Please attach estimates in support of repairs as appropriate along with any other relevant documentation.

Claim Form Declaration

I/we:

- Declare the information given in this form is true and correct;
- Agree to provide any further information that may be required;
- Understand that you require my personal information for the purposes of evaluating and processing this claim;
- Understand that my personal information may be stored physically or electronically by Ando Insurance Group, or any supplier (with whom we have a contractual arrangement);
- Authorise you to obtain from any other party personal information about me/us that you may consider to be relevant to this claim;
- Authorise you to add details of this claim to the database of the Insurance Claims Register Ltd (ICR Ltd) where it will be retained and available for other insurers to access;
- Authorise you to obtain from Insurance Claims Register Ltd (ICR Ltd) details of claims made by me/us;
- Understand that I/we have certain rights of access to and correction of my personal information;
- Understand that failure to provide all personal information requested by you in relation to this claim may result in the claim being delayed or denied.

I have read and accept these conditions* (please tick)

Signature(s) of Insured*

Date*