



Please send the completed form and accompanying documents to	Postal Address	Or facsimile	Or email	Questions?
	Assurant PO Box 37371, Parnell, Auckland 1151	09 915 7831	nz.motorteam@assurant.com	Please call us on 0800 776 832

NAME		
	(FIRSTNAMES)	(SURNAME)
ADDRESS		
BUSINESS ADDRESS		
PHONE NO.		
	(PRIVATE)	(BUSINESS)

- Details of your vehicle:
 Year Make Model Registration No.....
 Pre-Accident Value \$.....
 Licence No:..... Type: Full Learner Restricted
- Does a finance company or any other person have an interest in the vehicle? Yes No
 If YES, give details:
- Is there any insurance on your vehicle or accessories? Yes No
 If YES, give details:
- What is the name and address of the driver of your vehicle at the time of the accident?

- What is the name and address of the owner of your vehicle?

- When did the accident occur? Date Time am/pm
- Where did the accident occur? Street.....
 Town
- Where is your vehicle at present?
- What is the damage to your vehicle?
- Did the driver of your vehicle consume any intoxicating liquor or take any drugs in the 12 hours prior to the accident?
 Yes No If YES, give details:
- Did a Police Officer attend? Yes No If YES, give details:
 (a) Name or Number..... (b) Station or Depot
- Details of our Insured:
 Name
 Policy Number Claim Number
- Details of Our Insured's vehicle:
 Year Make Model Registration Number:

14. State fully how the accident occurred:

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15. Who do you think is at fault and why?

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SKETCH PLAN OF ACCIDENT:

I of
(FULL NAME) (ADDRESS)

(OCCUPATION) solemnly and sincerely declare that all the information set out above is true and correct and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signed
Declared at this day of 20
before me:-
.....

Justice of the Peace
Solicitor of the High Court of New Zealand
Person authorised to take Statutory Declarations

Pursuant to the PRIVACY ACT 2020 the following is brought to your attention:

1. This form collects personal information about you;
2. The information is collected to determine whether our insured is legally liable to you, and if so, to enable us to settle that liability;
3. The intended recipient of the information is Protecta Insurance and/or the insurer.
4. The information is being collected and held by Protecta Insurance of 110 Symonds Street, Grafton, Auckland.
5. The failure to provide this information may result in your claim being declined, or your insurance being void from the beginning
6. You have rights of access to and correction of this information subject to the provisions of the Privacy Act 2020.

Note: The insurance to which this form relates is issued by Protecta Insurance New Zealand Limited (NZ Company No 312700) of 110 Symonds Street, Grafton, Auckland 1010 (Protecta) as agent for Virginia Surety Company Inc, New Zealand branch (a US incorporated company with NZ Company No 920655) of Unit 3, Level 2, 73 Manchester Street, Christchurch 8011 (VSC). The insurance is underwritten by VSC. Protecta and VSC are part of the Assurant, Inc. group (Assurant).