

Motor vehicle



Gallagher

CLAIM FORM

Return to: Gallagher Claims Team

claims.team@ajg.co.nz

Private Bag 11007, Palmerston North 4442

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This form collects personal information about you so we can consider your claim and update your insurances. It will be held by Arthur J. Gallagher & Co (NZ) Limited (Gallagher) and the underwriter who receives your claim. You may request access to, and correction of, this information subject to the provisions of the Privacy Act 2020. The collection of this information by Gallagher is required under the terms of your insurance policy. Failure to provide this information may result in your claim being declined.

PERSONAL DETAILS

Insured name (include trading name):

Contact person:

Email:

Contact's phone number:

Address:

Client number on policy:

Preferred method of contact: Phone Email Post No preferred method

Gallagher branch you are insured through:

DRIVER'S DETAILS

Driver's name:

Driver's date of birth:

Contact details:
(Phone/email)

Relationship to insured:

Address:

Licence number:

Licence type: Full Restricted Learner Classes:

Country of issue:

Date of issue: Expiry date: Version number:

In the past five years has the driver had their licence endorsed, cancelled or suspended? Yes No

ACCIDENT DETAILS

1. Description of vehicle: Year: Make: WOF Exp:

Model: Reg. No: Reg. Exp:

2. When did the accident occur? Date: Time: Day of week:

3. Where did the accident occur? Street: Town:

4. What damage is there to the vehicle?

5. For what purpose was the vehicle being used?

6. What were the conditions at the time of the accident? Fine Light rain Overcast Sealed road Wet road
 Bright sun Heavy rain Fog Gravel

7. Finance details (if applicable):

THIRD PARTY DETAILS

The section below relates to any other third party property or vehicles. Please complete if applicable. **Please do not admit liability to the third party as this may prejudice your claim.** If the third party is insured they must approach their own insurer to lodge a claim. If you receive any correspondence from the third party please send it through to the claims team.

22. Supply details of the driver of the other vehicle

Name: _____ Phone: _____
Address: _____

23. Supply details of the owner of the other vehicle or property

Name: _____ Phone: _____
Address: _____

24. Details of the other vehicle:

Make: _____ Model: _____
Reg. No: _____ Colour: _____
Insurance details: _____

25. Damage to the other vehicle:

26. Witness details:

Name: _____ Phone: _____
Address: _____

FURTHER INFORMATION OR COMMENTS

DECLARATION

- **I declare** that to the best of my knowledge the details given in this claim form are true.
- **I undertake** to render all possible assistance in connection with this claim.
- **I agree** that Arthur J. Gallagher & Co (NZ) Limited and the insurance company (and/or their agent) with whom I am insured may give to or obtain from appropriate individuals or organisations information relevant to this claim.
- **I agree** that the insurance company with whom I am insured may give to or obtain from The Insurance Claims Register Ltd (ICR) details of information relevant to this claim. (ICR holds details of claims under policies issued by participating insurers. Participating insurers can check details of your claims history at ICR.)

Note: Failure to provide correct and complete information could result in your claim not being accepted by the insurer.

INSURED: <input type="checkbox"/> I have read and I understand the above Declaration Signature of insured: (person completing this form) Date:	DRIVER: <input type="checkbox"/> I have read and I understand the above Declaration Signature of driver: Date:
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DIRECT CREDIT DETAILS

Bank Branch number Account number Suffix
_____ _____ _____ _____

Account name: _____

Need help?

Contact the Gallagher Claims team on 0800 252 461 or claims.team@ajg.co.nz