



Delta Commercial Motor Vehicle

Notification Form

Important Information

Use this notification form to notify claims on Delta Insurance New Zealand Limited (Delta), Commercial Motor Policy. You should not make any admission of liability or make any offer of settlement without Delta's prior approval.

Policyholder(s) details

Policy number: _____ Claim number (if known): _____
Full name: _____ Date of birth: _____
Postal address: _____
Telephone numbers: Home: _____ Business: _____ Mobile: _____
Business email: _____
Occupation: _____

Person driving or in charge of the vehicle (to be completed, even if parked)

Full name: _____ Date of birth: _____
Postal address: _____
Telephone numbers: Home: _____ Business: _____ Mobile: _____
Business email: _____
Relationship to Policyholder: _____
Occupation: _____

1. Are they the main driver of the Insured vehicle? Yes No
2. a. Has the driver had any other accident, loss or claim in connection with any vehicle during the past five years?
If 'Yes', please give details. Include the date and circumstances of accident/loss. Yes No

- b. 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 all details. Include offence code:



c. Has the driver's licence been cancelled, suspended or endorsed at any time? Yes No
If 'Yes', please give details. Include penalty points.

d. 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 below. Include daily dosage and the name of drugs.

- 3.** Within 12 hours before the accident, had the driver
- | | | | |
|-------------------------------|-----|----|-----------------------------------|
| Consumed intoxicating liquor? | Yes | No | If 'Yes', state quantity: |
| Taken any drug? | Yes | No | If 'Yes', state type and purpose: |
- 4.** Since the accident has the driver
- | | | | |
|--------------------------|-----|----|--------------------------------------|
| Undergone a breath test? | Yes | No | If 'Yes', indicate result: |
| Undergone a blood test? | Yes | No | If 'Yes', indicate official results: |

Insured vehicle

5. Vehicle registration no. Make/Model: CC rating:
Year of manufacture:

6. Name and address of registered owner:

7. Is the vehicle the subject of any hire, lease or finance agreement including hire purchase? Yes No
If 'Yes', please give name and address:

8. Has the vehicle been modified in any way? Yes No
If 'Yes', please give details:

9. Is there any other insurance on the vehicle or its accessories? Yes No
If 'Yes', please give details:



Use of the insured vehicle

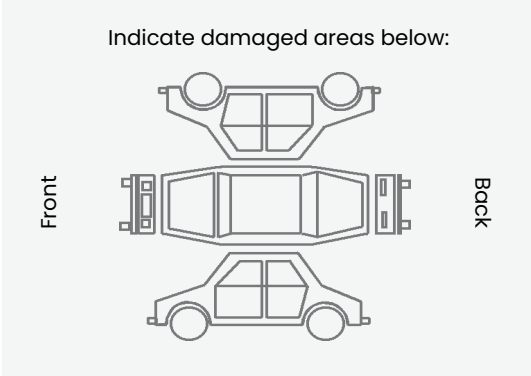
10. Was the vehicle being used with the policyholder’s knowledge and permission? Yes No

If ‘No’, give full details:

11. 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

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



13. Name and address of repairer:

Telephone number:

14. Is the vehicle still in use? Yes No

If ‘No’, where is the vehicle now?

15. Who should we contact to make any appointment to inspect the vehicle?

Name and address:

Telephone number:

Loss details

16. Who do you consider to be to blame and what are your reasons?

a. Did anyone admit liability? Yes No

If ‘Yes’, please provide details of who:



Details of driver's licence

22. Licence number:

23. Type of licence: Full Learners Restricted

24. For what classes of driving is it valid? Issued date: Expiry date:

Additional Policy Extensions

25. Are you claiming for any additional policy extensions? Yes No

Name of extension:

Details of loss:

Amount:

Witnesses

26. Were there any witnesses? Yes No

If 'Yes', please provide details for each witness:

Name:

Phone number:

Address:

Name:

Phone number:

Address:

Name:

Phone number:

Address:

Name:

Phone number:

Address:

Other vehicles involved

27. Has a claim been made on you? Yes No

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

If 'Yes', please provide details of owner/drivers:

Name:

Phone number:

Address:

Make/Model:

Registration:

Apparent damage:

Insurers:

Policy Number:

Name:

Phone number:

Address:

Make/Model:

Registration:

Apparent damage:

Insurers:

Policy Number:



Name: _____ Phone number: _____
Address: _____
Make/Model: _____ Registration: _____
Apparent damage: _____
Insurers: _____ Policy Number: _____

Name: _____ Phone number: _____
Address: _____
Make/Model: _____ Registration: _____
Apparent damage: _____
Insurers: _____ Policy Number: _____

Direct crediting authority

If your claim is accepted and there are payment(s) to you, we can pay this amount direct into your bank account by direct credit. If you would like us to make this direct credit, please complete details below. You will be advised if a payment has been made following acceptance of your claim.

Do you wish to use this facility? Yes No Name of Account: _____

I/We authorise the payment to be made into this bank account. (Please attach a deposit slip)

Bank	Branch	Account Number	Suffix
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Indemnity request

Please deal with all claims arising from this accident on my/our behalf. I/we acknowledge that you have full discretion in conducting the defence or settlement of any claim and in prosecuting in my/our name any claim for indemnity or damages.

I/We agree that, if the policy covers the cost of repairs to the Insured vehicle, you may authorise these repairs on my/our behalf by the repairer named above, or by such other repairer to who the vehicle has been submitted with my/our permission; alternatively, you may move the vehicle to safe storage.



Declaration/Privacy Act 1993/Insurance Claims Register

I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct.

I/We

- a.** agree to give any further information that may be required;
- b.** understand you require this personal information, which will be retained by you at Level 22 48 Shortland Street, Auckland Central, Auckland 1010, before you can evaluate my/our claim;
- c.** authorise the disclosure of this personal information regarding this claim to other parties;
- d.** authorise the obtaining by you from any other party personal information about me/us that is in your view relevant to this claim;
- e.** authorise the obtaining by you from Insurance Claims Register Limited (ICR Ltd), which holds details of claims made by me/us under policies with other insurers, personal information about me/us that is in your view relevant to this claim;
- f.** authorise you to place details of this claim on the database of ICR Ltd, PO Box 474, Wellington, where it will be retained and be available to other insurance companies to inspect;
- g.** understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by you and ICR Ltd.

The collection of this information is required under the terms of your policy. Failure to provide it may result in your claim being declined.

Signature of the Policyholder(s) (If the policy is in joint names, both signatures are required)

Date

Signature of the driver or the person making the claim

Date



Lloyds are a member of the Insurance Council of New Zealand and adhere to the Fair Insurance Code which provides you with assurance that we have the highest standards of service for our customers.

