



Delta Commercial Motor Vehicle
Uninsured Third Party Claim Form



UNINSURED THIRD PARTY

Full name:

POSTAL ADDRESS

Number/Street:

Suburb: Town/City:

BUSINESS ADDRESS

Number/Street:

Suburb: Town/City:

Email Address:

PHONE NUMBERS

Private: Business:

DETAILS OF YOUR VEHICLE

Year: Make: Model: Reg. No.

Pre-Accident Value \$

LICENCE DETAILS

Licence Number: Type: Learner Restricted Full

1. Does a finance company or any other person have an interest in the vehicle? Yes No

If 'Yes', please provide details:

2. Is there any insurance on the vehicle or accessories? Yes No

If 'Yes', please provide details:

3. What is the name and address of the driver of your vehicle?

4. What is the name and address of the owner of your vehicle?

5. When did the accident occur? Date: Time:

6. Where did the accident occur?

Number/Street:

Suburb: Town/City:

7. Where is your vehicle at present?

8. What repairer would you like to use?

9. What is the damage to your vehicle?

10. 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', please provide details:

11. Did a Police Officer attend?

Yes No

If 'Yes', please provide details:

a. Name or Number:

b. Station or Depot:

12. Details of the our Insured

Name:

Policy No.

Claim No.

13. Details of our Insured's vehicle

Year:

Make:

Model:

Reg. No.

14. State fully how the accident occurred:

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

SKETCH PLAN OF ACCIDENT

Please show any:

- Street names
- Road markings
- Road signs
- Traffic signals
- Traffic islands
- Distances from kerb
- Distances between vehicles
- Direction of travel

a. PRIVACY ACT 2020

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

Acknowledge this form collects information including Personal Information

Understand all information is collected to determine whether our Insured is legally liable to you and if so to enable liability to be settled;

If any Personal Information is provided, I/We acknowledge that it will be collected, held, used and disclosed by Delta Insurance New Zealand Limited including where provided directly or indirectly (for example via insurance brokers). Further details on the use of Personal Information and access and correction rights, are set out in Delta Insurance New Zealand and access and correction rights, are set out in the Delta Insurance New Zealand Limited Privacy Statement <https://deltainsurance.co.nz/privacy-policy>

d. Agree to give any further information that may be required.

BANK ACCOUNT DETAILS

Bank Account Details:

DECLARATION AND SIGNATURE

I, of
(FULL NAME) (ADDRESS)

(OCCUPATION) declare that all the information set out above is true and correct.

Signature: 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.