

Heavy motor vehicle claim form



Form MT011 06/09

Lumley General Insurance (N.Z.) Limited, Head Office, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland 1040, New Zealand, Tel 09 308 1100, Fax 09 308 1114

Company details Headings with an asterisk are mandatory fields

* Company name:			
Parent company:			
Street address:		Postal address: Same as street address <input type="checkbox"/>	
Address line 1:		Address line 1:	
Address line 2:		Address line 2:	
Suburb:		Suburb:	
* City / town:	Post code:	* City / town:	Post code:
* Country: New Zealand	Contact name:		
Phone:	Position:		
Email:			
Free phone:	Fax:		

Policy details

Broker details:	
Broker:	
Phone:	Email:
Record details:	
* Claim or incident:	
* Type of claim: Motor Vehicle	
* Company entry number:	Charge code (cost centre):
Entry date: / /	Policy No.:
Drivers - manager / team leader name:	Drivers - manager / team leader phone no:

Staff details

Title:	
* First name:	
* Last name:	
* Date of birth: / /	Employee number:
* Employment type:	Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/>
* Employment start date: / /	* Relationship to insured:
Address:	
Suburb:	* City / town: Post code:
Phone:	Mobile:
Email:	

Licence details

* Licence type: Full <input type="checkbox"/> Learner <input type="checkbox"/> Restricted <input type="checkbox"/>	Licence Classes	Endorsements
* Licence No.:	Class 1 <input type="checkbox"/> Class 4 <input type="checkbox"/>	F <input type="checkbox"/> P <input type="checkbox"/> V <input type="checkbox"/>
* Licence version:	Class 2 <input type="checkbox"/> Class 5 <input type="checkbox"/>	D <input type="checkbox"/> T <input type="checkbox"/> R <input type="checkbox"/>
* Licence expiry: / /	Class 3 <input type="checkbox"/> Class 6 <input type="checkbox"/>	W <input type="checkbox"/> I <input type="checkbox"/> O <input type="checkbox"/>
* Country of issue:		

Traffic convictions history

Approximate Date:	Offence:	Court action:
/ /		
/ /		
/ /		

* Insured know vehicle being used: Yes No

Details if insured not aware vehicle in use:

Motor vehicle details

	Truck:	Trailer 1:	Trailer 2:
Registration No.:			
Fleet No.:			
* Vehicle type:			
* Vehicle descriptor:			
* Make:			
* Model:			
* Year of manufacture:	/ /	/ /	/ /
Gross weight:			
Tare weight:			
* Vehicle class (1, 2, 3, 4, 5 or 6)			

Claim / incident form

Load details:

* Description of load being carried (truck):

* Load capacity: If tanker (capacity in litres):

Description of load being carried (trailer 1):

Load capacity: If tanker (capacity in litres):

Description of load being carried (trailer 2):

Load capacity: If tanker (capacity in litres):

Load restrain systems used:

Vehicle loaded by:

Load plan sketch location:

Other factors:

* Solo / 2 up driving:

Warning signal given? Yes No

Details of warning given:

* Headlights on? Yes No

* In Vehicle Camera (IVC) installed: Yes No

In Vehicle Camera event number:

* Speed prior to braking (km/h): * Speed at impact (km/h):

Event details:

* Driver fit for duty? Yes No

Address of event: * Suburb of event:

* Town / city of event: * Event region:

Client being visited: * Event type (left road, overturned, stolen etc.):

* Vehicle activity: Vehicle activity (if other):

* Driver activity (driver at fault / driver not at fault / company only / TP known / TP unknown):

* Date of event: / / * Time of event (hhmm): * Road surface:

* Weather conditions: * Hours on duty:

* Driver feeling at time (tired / fatigued / stressed / combination): * Journey direction (inbound to depot / outbound from depot):

* Distance from departure point (km's): Driver roster pattern:

Key

'TYPE' reads down – i.e.

A = Overtaking and lane change;

B = Head On;

C = Lost Control;

D = Cornering etc.

'MOVEMENT' reads across – i.e.

1 = Pulling out or changing lane to right;

2 = Head On etc.

	TYPE	1	2	3	4	5	6	7	8
A	OVERTAKING AND LANE CHANGE	PULLING OUT OR CHANGING LANE TO RIGHT	HEAD ON	CUTTING IN OR CHANGING LANE TO LEFT	LOST CONTROL (OVERTAKING VEHICLE)	SIDE ROAD	LOST CONTROL (OVERTAKEN VEHICLE)	WEAVING IN HEAVY TRAFFIC	OTHER
B	HEAD ON	ON STRAIGHT	CUTTING CORNER	SWINGING WIDE	BOTH OR UNKNOWN	LOST CONTROL ON STRAIGHT	LOST CONTROL ON CURVE		OTHER
C	LOST CONTROL OR OFF ROAD (STRAIGHT ROADS)	OUT OF CONTROL ON ROADWAY	OFF ROADWAY TO LEFT	OFF ROADWAY TO RIGHT					OTHER
D	CORNERING	LOST CONTROL TURNING RIGHT	LOST CONTROL TURNING LEFT	MISSED INTERSECTION OR END OF ROAD					OTHER
E	COLLISION WITH OBSTRUCTION	PARKED VEHICLE	ACCIDENT OR BROKEN DOWN	NON VEHICULAR OBSTRUCTIONS (INCLUDING ANIMALS)	WORKMANS VEHICLE	OPENING DOOR			OTHER
F	REAR END	SLOW VEHICLE	CROSS TRAFFIC	PEDESTRIAN	QUEUE	SIGNALS	OTHER		OTHER
G	TURNING VERSUS SAME DIRECTION	REAR OF LEFT TURNING VEHICLE	LEFT SIDE SIDE SWIPE	STOPPED OR TURNING FROM LEFT SIDE	NEAR CENTRE LINE	OVERTAKING VEHICLE	TWO TURNING		OTHER
H	CROSSING (NO TURNS)	RIGHT ANGLE (70° TO 110°)							OTHER
J	CROSSING (VEHICLE TURNING)	RIGHT TURN RIGHT SIDE		TWO TURNING					OTHER
K	MERGING	LEFT TURN IN	RIGHT TURN IN	TWO TURNING					OTHER
L	RIGHT TURN AGAINST	STOPPED WAITING TO TURN	MAKING TURN						OTHER
M	MANOEUVRING	PARKING OR LEAVING	"U" TURN	"U" TURN	DRIVEWAY MANOEUVRE	PARKING OPPOSITE	ANGLE PARKING	REVERSING ALONG ROAD	OTHER
N	PEDESTRIANS CROSSING ROAD	LEFT SIDE	RIGHT SIDE	LEFT TURN LEFT SIDE	RIGHT TURN RIGHT SIDE	LEFT TURN RIGHT SIDE	RIGHT TURN LEFT SIDE	MANOEUVRING VEHICLE	OTHER
P	PEDESTRIANS OTHER	WALKING WITH TRAFFIC	WALKING FACING TRAFFIC	WALKING ON FOOTPATH	CHILD PLAYING (TRICYCLE)	ATTENDING TO VEHICLE	ENTERING OR LEAVING VEHICLE		OTHER
Q	MISCELLANEOUS	FELL WHILE BOARDING OR ALIGHTING	FELL FROM MOVING VEHICLE	TRAIN	PARKED VEHICLE RAN AWAY	EQUESTRIAN	FELL INSIDE VEHICLE	TRAILER OR LOAD	OTHER

Third parties issued with prosecution / warning:	1:	2:
* Name:		
Relationship:		
Address:		
Suburb:		
City / town:		
Post code:		
Phone:		
Mobile:		

Passenger details:	1:	2:
* Name:		
Relationship:		
Address:		
Suburb:		
City / town:		
Post code:		
Phone:		
Mobile:		

Witness details:	1:	2:
* Name:		
Relationship:		
Address:		
Suburb:		
City / town:		
Post code:		
Phone:		
Mobile:		

Supporting documentation (list here):

Privacy Act and declaration details Pursuant to the Privacy Act 1993

The following is brought to Your attention:

- (a) This proposal form collects personal information about You;
- (b) The collection of this information is required pursuant to the terms of Your insurance policy;
- (c) The information is collected to evaluate the insurance being sought and any claim You may make;
- (d) The failure to provide this information may result in Your claim being declined;
- (e) The intended recipient of the information is Lumley General Insurance (N.Z.) Limited ('Lumley') (P.O. Box 2426 Auckland);
- (f) Lumley may pass Your personal information on to Insurance Claims Register Limited ('ICR') (C/- P.O. Box 2426 Auckland) for inclusion in the Insurance Claims Register, for general claims and underwriting purposes;
- (g) You acknowledge that any ICR participant may access this personal information by way of enquiry to the ICR.
- (h) You have the right of access to and correction of this information in accordance with the Privacy Act 1993.

Declaration

To be completed by the Insured(s) shown and also on behalf of their spouse, family members and any other person who may be covered by this insurance.

On behalf of all proposed Insured I/We declare and agree that:

- (a) all information provided, in this proposal or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- (b) if this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- (c) I/We understand that Lumley requires this information in order to evaluate this proposal and that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, any information retained;
- (d) Lumley is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- (e) Lumley is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access;
- (f) Lumley is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- (g) the signing of this proposal does not bind either party to complete the contract and that no cover will be in force until confirmed by Lumley.

Insured(s) signature:	Title:	Date: / /
Drivers signature:	Title:	Date: / /