

Please complete every section of this form

Policy Holder (Insured) complete this page

Policy Holder (Insured) details

SURNAME OF INSURED OR NAME OF COMPANY:

FIRST NAMES OF INSURED:

ADDRESS:

HOME:

WORK:

EMAIL:

MOBILE:

Insured vehicle

MAKE:

MODEL:

TYPE: (eg VAN, CAR, UTILITY ETC)

YEAR:

REG NO:

HAS THE VEHICLE BEEN MODIFIED IN ANY WAY?

IS THIS VEHICLE A USED IMPORT?

YES

NO

HAS THE VEHICLE A CURRENT WARRANT OF FITNESS?

YES

NO

WOF NO:

NAME OF ANY OTHER PARTY WITH FINANCIAL INTEREST IN THE VEHICLE:

IS THERE ANY OTHER INSURANCE ON THE VEHICLE OR ACCESSORIES?

YES

NO

IF "YES" NAME OF INSURANCE CO:

POLICY NO:

Damage to insured vehicle (NB: Do not proceed with repairs without Toyota Insurance's authority)

DESCRIBE DAMAGE:

REPAIRER:

PHONE:

ESTIMATE: \$

REPAIRER'S ADDRESS:

WHERE CAN THE VEHICLE BE INSPECTED?

IS THE REPAIRER NOMINATED BY TOYOTA INSURANCE?

YES

NO

Driver (or person in charge) complete following pages

Driver details

FULL NAME: MR/MRS/MISS/MS			DATE OF BIRTH:				
ADDRESS:			HOME:				
OCCUPATION:		EMPLOYER:		WORK:			
DRIVER'S LICENCE AND TYPE:		<input type="checkbox"/> NZ FULL	<input type="checkbox"/> NZ RESTRICTED	<input type="checkbox"/> NZ LEARNER'S	<input type="checkbox"/> OTHER	YEARS HELD:	
(PLEASE ATTACH A PHOTOCOPY)		CLASSES:		DRIVER'S LICENCE NO:		DATE ISSUED:	
YOUR RELATIONSHIP TO THE POLICY HOLDER:							
WAS THE VEHICLE BEING DRIVEN WITH THE OWNER'S CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF "NO" PLEASE PROVIDE DETAILS:							
ARE YOU A REGULAR DRIVER (MORE THAN 12 TIMES A YEAR) OF THE INSURED VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF YOU ARE NOT THE POLICYHOLDER, DO YOU OWN A VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF "YES" PLEASE PROVIDE DETAILS:							
DID THE DRIVER CONSUME LIQUOR AND/OR DRUGS (INCLUDING MEDICATION) WITHIN 24 HOURS PRIOR TO THE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF "YES" PLEASE PROVIDE DETAILS:							
DURING THE PAST FIVE YEARS HAVE YOU:							
1) BEEN CONVICTED OF ANY OFFENCE OTHER THAN PARKING? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF "YES" TYPE AND PENALTY							
2) HAD ANY OTHER ACCIDENT, LOSS OR CLAIM IN CONNECTION WITH ANY MOTOR VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF "YES" BRIEF DETAILS OF YEAR/COST/INSURANCE CO							

Details of other persons

PASSENGERS IN YOUR VEHICLE

NAME:		PHONE:	
ADDRESS:		DRIVER'S LICENCE TYPE:	
NAME:		PHONE:	
ADDRESS:		DRIVER'S LICENCE TYPE:	

INDEPENDENT WITNESSES

NAME:		PHONE:	
ADDRESS:			
NAME:		PHONE:	
ADDRESS:			

Details of loss or accident

DATE:

TIME:

AM/PM

LOCATION (STREET):

SUBURB OR TOWN:

WEATHER

RAIN

OVERCAST

FOG

BRIGHT SUN

CLEAR NIGHT

ROAD

SEALED

METAL

WET

DRY

WHAT SPEED LIMIT WAS IN FORCE?

50 KM/HR

100 KM/HR

OTHER _____

WHAT WAS YOUR SPEED PRIOR TO BRAKING?

AT IMPACT?

PLEASE STATE THE REASON FOR THE JOURNEY:

WHAT IN YOUR OPINION CAUSED THE ACCIDENT?

DESCRIBE IN DETAIL HOW THE ACCIDENT HAPPENED:

WHO WOULD YOU CONSIDER RESPONSIBLE FOR THE ACCIDENT?

DID THE POLICE ATTEND?

YES

NO

OFFICER NAME:

BADGE NO:

STATION:

POLICE EVENT NUMBER:

WAS THE BREATHALYSER, OR BLOOD TEST, OR ANY SUCH OTHER TEST DONE?

YES

NO

IF "YES" WHAT WAS THE RESULT?

Other vehicle or property details

OWNER OF OTHER VEHICLE OR PROPERTY

NAME:	PHONE:
ADDRESS:	
INSURANCE CO:	
DETAILS OF VEHICLE/PROPERTY:	
REGISTRATION NO:	DRIVER'S LICENCE NO:

DRIVER OF OTHER VEHICLE (IF DIFFERENT FROM ABOVE)

NAME:	PHONE:
ADDRESS:	DRIVER'S LICENCE NO:

Sketch plan of accident

PLEASE INDICATE NAMES OF ROADS AND DIRECTION OF VEHICLES, AND PERSONS INVOLVED. SHOW ANY OTHER PROPERTY DAMAGE, POSITIONS OF TRAFFIC SIGNS OR SIGNALS, AND NORTH POINT.

POSITIONS JUST BEFORE COLLISION

KEY
INSURED VEHICLE = X
OTHER VEHICLE = O

POSITIONS AT MOMENT OF IMPACT

Declaration/Privacy Act 1993

I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct. I/We agree to give and/or authorise the obtaining of any further information that may be required.

I/We

- (a) understand you require this personal information, which will be retained by you before you can evaluate my/our claim;
 - (b) authorise the disclosure of this personal information regarding this claim about me/us that is in your view relevant to this claim;
 - (c) understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by you.
- The collection of this information is required under the terms of your policy. Failure to provide it may result in your claim being declined.

POLICYHOLDER'S SIGNATURE:	(IF COMPANY PLEASE STATE CAPACITY)	DATE:
DRIVER'S SIGNATURE:		DATE:

PLEASE FAX TO 0800 702 666 OR POST TO TOYOTA INSURANCE: PO BOX 17504, GREENLANE, AUCKLAND.

Toyota Insurance is managed by AIOI MANAGEMENT NEW ZEALAND LIMITED for and on behalf of Aioi Insurance Company Limited an affiliate of the Toyota Motor Corporation Group.