

# Covi General Claim

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Underwritten by NZI, a business division of IAG New Zealand Limited (your insurer)



**Complete and save this form. Then email a copy to [claims@covi.co.nz](mailto:claims@covi.co.nz)**  
**\*Please note, these fields are mandatory.**

## INSURED DETAILS – FULL DETAILS OF INSURED/OWNER

Insured/owner	<input type="text"/>	Client no.	<input type="text" value="CL"/>
Postal address	<input type="text"/>		
If company, contact name	<input type="text"/>	Position	<input type="text"/>
Phone number	<input type="text"/>	Email	<input type="text"/>

## VEHICLE DETAILS – FULL DETAILS OF INSURED VEHICLE

Year	<input type="text"/>	Make	<input type="text"/>	Model	<input type="text"/>	Reg No.	<input type="text"/>
Is there any finance owing on the vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, who is the interested party?	<input type="text"/>						
Has the vehicle or engine been modified from the maker's standard specifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Is there any other insurance on the vehicle or accessories?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Type of vehicle	<input type="checkbox"/> Motorhome	<input type="checkbox"/> Caravan	<input type="checkbox"/> Private Motor Vehicle	<input type="checkbox"/> Other			
If other, please give details	<input type="text"/>						

## DRIVER DETAILS – FULL DETAILS OF INSURED DRIVER OR PERSON IN CHARGE OF INSURED VEHICLE AT THE TIME OF ACCIDENT OR LOSS

Full name	<input type="text"/>	Date of birth	<input type="text"/>				
Home address	<input type="text"/>						
New Zealand licence	<input type="checkbox"/> Yes <input type="checkbox"/> No	Years licenced	<input type="text"/>	Licence version	<input type="text"/>	Type of licence:	<input type="checkbox"/> Learner <input type="checkbox"/> Restricted <input type="checkbox"/> Full
Licence number	<input type="text"/>	Classes covered	<input type="text"/>	Expiry date	<input type="text"/>		
Did the driver have the owner's permission to use the vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
If no, please give details	<input type="text"/>						
In the past five years has the driver been convicted of a driving offence or issued with an offence or infringement notice (including speeding)?*	<input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please give full details	<input type="text"/>						
In the past five years has the driver been disqualified from driving or had license endorsed, cancelled or suspended?*	<input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please give full details	<input type="text"/>						
Has the driver ever been refused vehicle insurance or had a policy cancelled or not renewed?*	<input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please give full details	<input type="text"/>						
Did the driver consume or use any alcoholic liquor, drug or intoxicating substance in the 12 hours before the accident?*	<input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please give full details	<input type="text"/>						
In the past five years has the driver been involved in any motor accidents or claims including theft (other than windscreen)?*	<input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please give full details:	<input type="text"/>						
APPROXIMATE DATE	DETAILS						
<input type="text"/>	<input type="text"/>						
<input type="text"/>	<input type="text"/>						
<input type="text"/>	<input type="text"/>						

## ACCIDENT/LOSS DETAILS

Location (Street)	<input type="text"/>	Suburb/Town	<input type="text"/>		
Date	<input type="text"/>	Time (am/pm)	<input type="text"/>	Day of the week	<input type="text"/>
Speed (kmph) prior to braking	<input type="text"/>	Approximate speed (kmph) on impact	<input type="text"/>		
Road surface	<input type="checkbox"/> Sealed	<input type="checkbox"/> Unsealed	<input type="checkbox"/> Dry	<input type="checkbox"/> Wet	
Weather conditions	<input type="checkbox"/> Fine	<input type="checkbox"/> Raining	<input type="checkbox"/> Strong winds	<input type="checkbox"/> Overcast	<input type="checkbox"/> Fog

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Were your headlights switched on and functioning?

Yes  No

Do you consider the other driver was responsible for the accident?

Yes  No

If yes, please give reasons

Describe in detail how the accident occurred

Details of damage or loss to insured vehicle (indicate where insured vehicle is damaged)

Frontal  Bonnet  Rear  Driver's side  Passenger's side  Multiple sides  
 Roof  Windscreen/windowglass  No damage  Other (specify)

Where can the insured vehicle be inspected?

Do you have a preferred repairer?

Yes  No

If yes, please give name and contact details

Have you obtained an estimate for repairs?

Yes  No

If yes, please advise amount

\$

Has Covi NZMCA Insurance been contacted regarding the loss and/or have we been given the opportunity of appointing an independent assessor or loss adjuster (if required)?

Yes  No

### SKETCH A PLAN OF EVENT

Indicate:

- Layout of road
- Direction of vehicles travelled
- Position of vehicles on impact
- Other vehicles (rego no.)
- Road signs and markings
- Identify your vehicle

### OTHER PROPERTY – FULL DETAILS OF DAMAGE TO OTHER VEHICLE OR PROPERTY

Property or vehicle owned by

Vehicle make

Model

Reg No.

Driver's full name

Contact address

Phone no.

Their insurance company

Branch

Describe damage to other vehicle(s) or property

Estimated cost of repairs to other party's property (if known)

\$

If more than one other vehicle involved in accident, please give details:

Other driver's full name

Contact address

Phone no.

Vehicle make

Model

Reg No.

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**POLICE REPORT**

Was anyone hurt in the accident?  Yes  No

If yes, can you please advise who, their relationship to the driver and known extent of injuries

Do the Police have knowledge of this incident?  Yes  No

If yes, please give details:

Name of officer  Number

Police Station

Did the Police attend the scene of the accident?  Yes  No

Was the driver required to provide the Police with a breath and/or blood sample?  Yes  No

If yes, please give details:

Name  Details

Name  Details

Have the Police issued a Notice of Intended Prosecution, or given any verbal warning?  Yes  No

If yes, to whom and for what alleged offence?

Name  Offence

Name  Offence

**FURTHER REQUIRED PARTICULARS**

Were there any passengers in insured vehicle?  Yes  No

NAME	ADDRESS	PHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**WITNESSES**

It is important that names & addresses are obtained whether the driver considers him/herself to blame or not

NAME	ADDRESS	PHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**PURSUANT TO THE PRIVACY ACT 2020**

The following is brought to your attention:

- (a) This claim form collects personal information;
- (b) The information is collected to evaluate your claim;
- (c) The intended recipient of the information is Covi NZMCA Insurance;
- (d) The information is being collected and held by Covi NZMCA Insurance and may be passed to, and held by, your insurer;
- (e) The collection of this information is required pursuant to the terms of your insurance policy;
- (f) The failure to provide this information may result in your claim being declined;
- (g) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 2020.

**DECLARATION**

I/We:

- declare all information provided is complete and correct and there is no further information relevant to this claim;
- authorise Covi NZMCA Insurance and/or your insurer to disclose to, and obtain from, other parties including the Insurance Claims Register Ltd, the NZ Police, insurance assessors, other insurers and advisers information about this claim, previous claims made by me/us and/or any insurance held by me/us for the purpose of evaluating and processing this claim;
- agree to provide any further information or assistance as and when required by Covi NZMCA Insurance and/or our insurer.

Policyholder's signature

(If company, state capacity)

Date

Driver's signature (if different from above)

Date