

Motor Vehicle Insurance Claim Form



MAS
FREEPOST 884
PO Box 13042
Johnsonville, Wellington
—
Phone 0800 800 627
Fax (04) 477 0109
Email claims@mas.co.nz

Important information

1. Please answer questions as fully as possible. Incomplete answers may result in delays in completing your claim.
2. An excess may apply to your claim. Please refer to policy.
3. Please return the completed claim form with any supporting material (if applicable) and police acknowledgement form (in the case of theft, or malicious damage) as soon as possible to claims@mas.co.nz

Please complete this form and email it to claims@mas.co.nz

The insured

Title First name(s)

Surname(s)

Address

To assist us to promptly process your claim, please confirm your daytime contact details

Phone

Mobile

Email

Member number

What is your preferred contact method?

Phone

Text

Email

The driver - Part 1

Was the Insured driving (or in charge of the vehicle if it was parked)?

Yes*

No**

**If yes, go to The Driver Part 2*

*** If no, please provide the following details of the person in charge*

Name

Age

Address

Phone

Relationship to the Insured e.g. spouse, son, daughter etc.

Does the driver own a motor vehicle that is insured?

Yes*

No

**If yes, please give the name of the Insurer*

The driver - Part 2

Was the vehicle being driven?

Yes*

No**

*If yes, please provide the following details

** If no, go to 'Ownership' next page

Do you have a current New Zealand drivers licence for this type of vehicle?

Yes*

No

*If yes, how long have you had it?

Is it a full, restricted or learner license?

Do you have an overseas licence?

Yes*

No

*If yes, which country issued it?

Have you ever been refused motor vehicle insurance or had a policy cancelled by any other Insurer?

Yes*

No

*If yes, please give details

Within the last five years, have you

A. Had a motor accident (regardless of blame) including broken glass, fire or theft, whether or not a claim was made against an insurance policy?

Yes*

No

*If yes, please give details including date(s), costs and Insurer (if any)

B. Had a conviction or been fined for any motoring offence (other than parking)?

Yes*

No

*If yes, please give details (including penalties)

Ownership

Is the Insured the registered owner?

Yes*

No*

**If no, please give owners name*

Do you owe money on the vehicle to any person or firm?

Yes*

No

**If yes, please give details*

Insured vehicle

Make	Model	Year
Registration number	Preferred repairer	
Where can your vehicle be inspected?		
<input type="checkbox"/> At repairer now		
<input type="checkbox"/> Repairer to phone MAS when vehicle available		
<input type="checkbox"/> Other (please give details)		

Use

Was the vehicle being used in connection with any trade or business or carrying any goods?

Yes*

No

**If yes, please state the purpose of use*

Description of accident

Date	Time	am/pm
Accident location		
If the accident occurred at an intersection, please give name of intersecting street(s)		
Town or city		
Was there a		
a) Stop sign?	Yes*	No
b) Give way sign?	Yes*	No
c) Traffic lights?	Yes*	No
*If yes, were they in your favour?	Yes	No
Was the road wet?	Yes	No
Were your headlights on?	Yes*	No
*If yes, were they	dipped	full

Please give a description of the accident

Liability

Who do you consider contributed to the accident and why?

Sketch plans

Please show clearly:

- Direction travelling and where each vehicle was prior to the accident.
- Point of impact - mark with an 'X'
- Name of all streets, and location of any Traffic lights, "Stop" or "Give Way" signs.

Other vehicles(s) details

Were there any other vehicles involved?

Yes*

No**

**If yes, please provide the following details*

**** If no, go to next page 'Authorities'**

First other vehicle

Other driver's name

Other driver's address

Other driver's phone number

Other owner's name (if different to the driver)

Other owner's address (if different to the driver)

Other owner's phone number (If different to the driver)

How many passengers were in the other vehicle?

Make and model of other vehicle

Registration number

Insurer

Please give a description of damage

Second other vehicle

Other driver's name

Other driver's address

Other driver's phone number

Other owner's name (if different to the driver)

Other owner's address (if different to the driver)

Other owner's phone number (If different to the driver)

How many passengers were in the other vehicle?

Make and model of other vehicle

Registration number

Insurer

Please give a description of damage

Authorities

Was the accident reported to the Police?	Yes	No
Has the driver taken alcohol or drugs during the period within 12 hours before the accident?	Yes*	No

**If yes, please give details including time, quantity, and place*

Was a breathalyser or blood test, or any other test requested?	Yes*	No
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**If yes, please state results*

Passengers/witnesses

Were there any passengers in your vehicle or witnesses?	Yes*	No**
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**If yes, please provide the following details*

***If no, go to Other Property*

Passengers in your vehicle

Name	Phone Number
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Address

Name	Phone Number
------	--------------

Address

Other witnesses

Name	Phone Number
------	--------------

Address

Name	Phone Number
------	--------------

Address

Other property

Was any other property damaged in this accident e.g fences, poles etc?

Yes*

No**

**If yes, please provide the following details*

*** If no, sign 'Declaration' below.*

Description of property

Name of owner

Address of owner

Insurer (if any or known)

Declaration

I hereby declare that the information contained on this claim form is correct and true to the best of my knowledge and belief. I understand the collection of the foregoing particulars is pursuant to my claim and that failure to provide this information may result in the claim being declined. I further authorise and consent to the disclosure of information which is relevant to the assessment or investigation of this claim under the terms and conditions pursuant to the Privacy Act 2020 and I agree to MAS releasing to any other party information regarding this claim.

Signed

Date

dd-mm-yyyy

For assistance call 0800 800 627 or visit mas.co.nz