



Before completing this form please call us to see if your claim can be processed over the phone.

MAS, FREEPOST 884, PO Box 13042, Johnsonville, Wellington.
Phone 0800 800 627. Facsimile (04) 477 0109.

Important Information

1. Please answer questions as fully as possible. Incomplete answers may result in delays in completing the claim.
2. An excess may apply to your claim. Please refer to policy.
3. The cost of using a rental vehicle while you do not have the use of your own vehicle is not covered by a Motor Vehicle Policy. The decision to obtain a rental vehicle must be taken by the Insured and in no circumstances does MAS accept responsibility for the cost involved. If the person responsible for stealing your vehicle can be identified, MAS will look to recover costs from that person.
4. Please return the completed form with any supporting documentation (if applicable) as soon as possible to the postal address shown above.

The Insured

Title Surname

First name(s)

Address

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

Phone

Mobile

Email

Member number

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*

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 licence?

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*

The Driver
Part 2
continued

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?

☐ At repairer now

☐ Repairer to phone us when vehicle available

☐ 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 plan Please show clearly

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

Other vehicle(s) details Were there any other vehicles involved? ☐ Yes* ☐ No**

**If yes, provide details below*

***If no, go to Authorities overleaf*

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 provide brief details 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 provide brief details 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

**If yes, please state result*

**Passengers/
witnesses**

Were there any passengers in your vehicle or witnesses?

☐ Yes* ☐ No****If yes, please provide the following details****If no, go to Other Property*

Passengers in your vehicle

Name

Phone number

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 1993 and I agree to MAS releasing to any other party information regarding this claim.

Signature of the Insured

Date

