

Underwriter:

Policy reference:

Collection Statement under the Privacy Act 2020

We advise that all information collected in this claim form, including any personal information, is collected, stored and utilised in accordance with the Privacy Act 2020 (and any subsequent amendments). Howden Commercial and Affinity Limited (Company Number 258262), and its related companies (Howden), draw your attention to the following:

- We may collect personal information or sensitive information about you.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about our other services or products.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers (such as loss adjustors), finance providers, advisers, and agents. Those entities will hold and use the data in accordance with their own privacy policies which may include disclosure to third parties located offshore. Please read our Privacy Policy on Howden's website www.howdengroup.com/nz-en/privacy-policy. If you would like further information or contact our Privacy Officer on the contact details below:

Post: Howden Commercial and Affinity Limited
Vero Centre, Level 17
48 Shortland Street
Auckland CBD

Email: privacy.pacific@howdengroup.com

- By providing this information, you agree to us collecting, using and disclosing your personal or sensitive information as outlined in this Collection Statement.
- If you do not provide all or part of the information requested, we may be unable to process your application, administer your claim or provide other required services.
- You have the right to request access to, and correct, any personal information that we hold about you, subject to the provisions of the Privacy Act 2020.
- To assist us in maintaining correct records we ask you to inform us of any changes in your personal information provided as they occur.
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act 2020, you must obtain it with the individual's prior consent.
- Our Privacy Policy can be made available on request or can be accessed on Howden's website www.howdengroup.com/nz-en/privacy-policy.

Details of insured/registered owner

Full insured name/s:

Contact person (if a company):

Contact phone number:

Home:

Business:

Mobile:

Vehicle details (insured to complete)

Year:	Make/Model:	Registration number:	
Where is the vehicle currently?	Phone:		
If not currently with a repairer, do you have a preferred panel beater?			
Name:	Address:	Phone:	
Have you obtained an estimate for the repairs?	Yes	No	Amount of estimate:
Has the vehicle or its engine been modified in any way since manufacture?		Yes	No
Is there any other insurance on the vehicle or its accessories?		Yes	No
Was the vehicle being driven without your authority or permission? (if yes please provide full details)		Yes	No

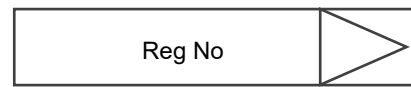
Details of driver (Driver or person in charge at time of accident or loss to complete)

Full Name/s:		
Date of Birth		
Relationship to Insured:		
Home address:		
Licence Number (5a):	Version Number (5b):	Type: Learner / Restricted / Full Classes:
Have you ever had your licence cancelled/suspended/endorsed at any time?	Yes	No
Have you had any motor vehicle accidents or losses in the last 5 years?	Yes	No
Have you had any traffic convictions in the last 5 years?	Yes	No
Had you consumed any intoxicating liquor or taken any drug in the 12 hours prior to the accident? (if yes please provide full details)	Yes	No

Sketch plan of accident (Not required for Fire or Theft)

Indicate:

1. The layout of the roads and road names
2. Road signs and markings
3. Position of vehicles at impact
4. Path vehicles travelled



Other vehicle

Details of other vehicles or property

Owner:

Driver:

Address:

Year:

Make/Model:

Registration number:

Damage to vehicle/property:

Repair Estimate: \$

Is the other vehicle or property insured:

Yes (provide detail)

No

Company:

Policy/Claim number:

Please forward any correspondence or documentation received from the other party or their insurer.

Witnesses

Did you have any passengers in your car? (If yes please advise names and addresses of all passengers)	Yes	No
Did anyone else see the accident? (If yes please provide name and contact details)	Yes	No

Declaration

I/We declare that:

- I/we have read and understood Howden's Collection Statement and consent to my information or the information provided to be collected, used, stored, managed or transferred and shared in the way described in the Collection Statement.
- I/we am/are authorised to provide the information in this form.
- all information contained in this form and on any attachments is complete and correct;
- I/We authorise and request the New Zealand Police to release to the Insurer and/or Howden, as applicable, copies of any and all documents held by the New Zealand Police relating to the incident giving rise to this claim. If necessary this authority should be treated as a formal request pursuant to the Official Information Act, 1982.
- I/We authorise the disclosure of personal information held by any party regarding this claim.
- I/We agree to Howden and the Insurer releasing the information provided to other parties personal information regarding this claim, for the purpose of administering and managing this claim.
- I/We authorise the Insurer and/or Howden and/or an authorised agent to give or obtain from other insurers or other parties any information relating to any insurance held or claim made by me/us.
- I/We authorise the insurer and/or Howden to check against the Insurance Claims register and to place information on the Insurance Claims Register, which other insurers can access.

Note: Failure to provide full and correct information could result in your claim not being accepted by the Insurer.

Signature (insured):

Date:

Signature (driver):

Date:

For fire or theft claims please contact us for the correct supplementary theft questionnaire.