

Commercial Motor

Claim form



How to complete this form

Print out the form and complete by hand. Once completed, scan the form and email to your broker or send directly to claims@ando.co.nz

Policyholder name

Company name	<input type="text"/>		
OR			
Title	<input type="text"/>	First name	<input type="text"/>
		Last name	<input type="text"/>

Contact details of the person completing this form

Title*	<input type="text"/>	First name*	<input type="text"/>	Last name*	<input type="text"/>
Mobile*	<input type="text"/>	Work phone	<input type="text"/>		
Email address*	<input type="text"/>				
Role* (e.g. broker, driver or owner)	<input type="text"/>				

Driver's details

Title*	<input type="text"/>	First name*	<input type="text"/>	Last name*	<input type="text"/>
DOB*	<input type="text"/>	Mobile*	<input type="text"/>	Work phone	<input type="text"/>
Driver licence number*	<input type="text"/>	Licence version number*	<input type="text"/>	Expiry date*	<input type="text"/>

Incident details

Date of incident*	<input type="text"/>	Time of incident*	<input type="text"/>	Vehicle make*	<input type="text"/>	Vehicle model*	<input type="text"/>
Vehicle registration number* (if vehicle does not have a registration number please provide description)							
<input type="text"/>							

Incident details cont.

Location of incident*	<input type="text"/>							
Please advise what happened and the details of the damage*								
<input type="text"/>								
If you have a preferred repairer, please specify <input type="text"/>								
Were the police notified?*	<input type="checkbox"/>	<input type="checkbox"/>	Was the incident your fault?*	<input type="checkbox"/>	<input type="checkbox"/>	Did the other party admit liability?*	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No		Yes	No		Yes	No

Third party details if applicable (Only complete this section if there was another party involved)

Title	<input type="text"/>	First name	<input type="text"/>	Last name	<input type="text"/>	
Mobile	<input type="text"/>	Work phone	<input type="text"/>			
Email address	<input type="text"/>					
Third party insurer	<input type="text"/>	Third party vehicle registration number	<input type="text"/>			
Third party property damage						
<input type="text"/>						

Please note:

- Ando Insurance Group Limited does not admit liability by the issue of this form.
- Any occurrence or claim must be notified to Ando Insurance Group Limited immediately.
- You must not incur any expenses without the written consent of Ando Insurance Group Limited.
- You must not make any admission of liability, offer of settlement, promise or payment without the written consent of Ando Insurance Group Limited.
- Failure to provide full and correct information could result in your claim being delayed or not being accepted by Ando Insurance Group Limited.
- Please retain damaged goods in case inspection is required.
- Please attach estimates in support of repairs as appropriate along with any other relevant documentation.

Please complete Declaration on Page 3.

Claim form declaration

I/we declare that to the best of my/our knowledge the information provided in this form is complete and accurate.

I/we:

- a. Agree to provide any further information that may be required;
- b. Understand that you require this personal information in connection with this claim and that it may be stored physically or electronically by Ando Insurance Group Limited, or any supplier (with whom we have a contractual arrangement);
- c. Authorise the disclosure of this personal information associated with this claim to other parties;
- d. Authorise you to obtain from any other party personal information about me/us that you may consider to be relevant to this claim;
- e. Authorise you to add details of this claim to the database of the Insurance Claims Register (ICR) where it will be retained and available for other insurers to access;
- f. Authorise you to obtain from the ICR details of claims made by me/us;
- g. Understand that I/we have certain rights of access to and correction of personal information held by you and the ICR;
- h. Understand that failure to provide all personal information requested by you in relation to this claim may result in the claim being delayed or denied.

I have read and accept these conditions* (please tick)

Signature(s) of Insured*

Date*

Need help?
Call us on 0800 567 333
Email claims@ando.co.nz

We are a member of the Insurance Council of NZ and adhere to the Fair Insurance Code, which provides you with assurance that we have high standards of service to our customers.

