



Equity Insurance Brokers Ltd
 GRAEME L. JOHNSTON
 Email: graeme@esure.co.nz
 PO Box 24-348, Auckland
 Ph 0-9-623 3233, Fax 0-9-623 1177
 Mobile 025-923 899

DANA J. KERR
 Email: dana@esure.co.nz
 PO Box 1335, Hamilton
 Ph 0-7-834 3340, Fax 0-7-838 2446

VEHICLE CLAIM FORM

PLEASE NOTE: *This is not an official insurance claim form. We are simply gathering enough information to lodge your claim with the Insurer until they request further details.*

* **Name:** _____ **Phone No:** _____

* **Company (if applicable):** _____

* **Policy No.:** _____

* **Date of Loss or incident:** _____

* **How and Where did the loss or damage happen?**

Vehicle

Type	Reg. Number	Current Sum Insured	Repair Estimate

* **Where is the vehicle now?** _____

* **Briefly Describe Extent Of Damage:**

* **Who do you think is responsible for the loss or damage? Please give your reason below:**

