

Waka Kotahi is generally not liable for damage to road user vehicles when using the state highway network. Waka Kotahi cannot prevent all issues and prioritises maintenance work on the State Highway based on available information.

Therefore, we encourage road users to utilise insurance policies to ensure they are covered for any loss they have incurred.

This form collects details so we can consider your claim and determine if Waka Kotahi or its contractor has been negligent and failed to take proper care in responding to defects.

The following information is required to enable a claim to be considered.

Please answer all the questions on this form

PERSONAL INFORMATION:

First Name: _____ Last Name: _____
Address: _____ Suburb: _____
Town/City: _____ Post Code: _____
Contact Phone: _____ Email Address: _____
Date of Birth: _____ Vehicle Registration Number: _____

DRIVER DETAILS:

Driver's Name: _____ Date of Birth: _____
Licence (please check one): Full Restricted Learner
Classes: _____ Country of issue: _____
Date of Issue: _____ Expiry Date: _____

INCIDENT DETAILS:

Where did the incident occur (address, notable landmarks, etc., please be as specific as possible):

When did the incident occur? Date: _____ Time: _____ (AM or PM?)

When did you first notice the damage? _____

Describe the weather and road conditions when the incident occurred: _____

The speed of the vehicle when the incident occurred: _____

What direction was the vehicle traveling when the incident occurred: _____

Were there signs posted in the area? _____

Insurance Company and Policy Number: _____

Incident Claim Number: _____

Were the New Zealand Police involved (please circle one)? Yes or No

If **YES** please provide the incident number: _____

Please provide the names and contact numbers of any witnesses. If there were no witnesses, please skip this question.

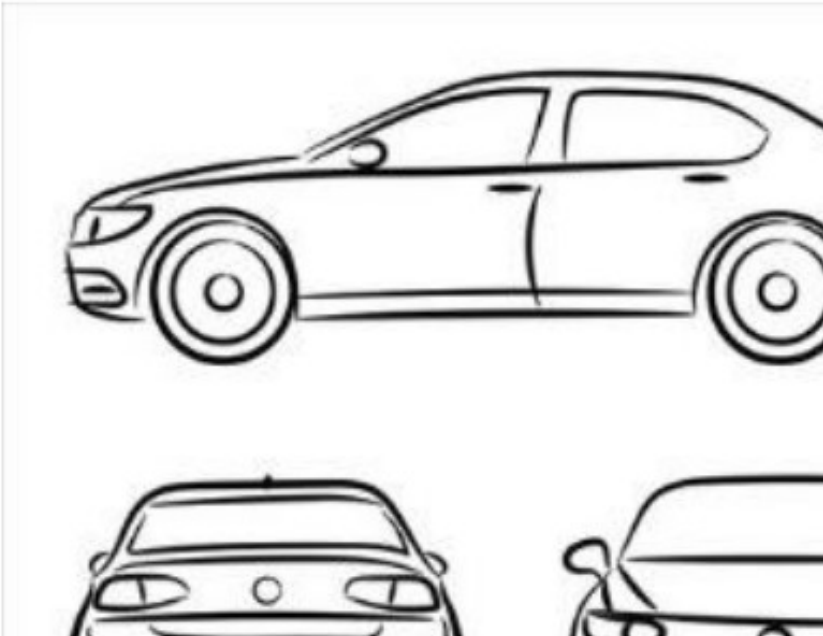
Please describe the vehicle damage: _____

DAMAGE IMAGES

In addition to completing this entire document, please attach the following:

- Clear photographs of damage
- Evidence of cost to repair damage (i.e., receipt from garage)

Please provide a brief sketch of the damage incurred:



DECLARATION:

I declare that to the best of my knowledge the details given in this claim form are true.

I undertake to render all possible assistance in connection with this claim.

I agree that Wellington Transport Alliance and the insurance company (and/or their agent) with whom I am insured (if applicable) may give to or obtain appropriate individuals or organisations information relevant to this claim.

I agree that the insurance company with whom I am insured may give to or obtain from WTA details of information relevant to this claim.

I have read and I understand the above Declaration.

Signature _____ Date _____